## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9600053590

1. Entity Name

PLASTER'S MASTER POOL SERVICE, INC.

## FILED Feb 08, 2001 8:00 am Secretary of State 02-08-2001 90187 047 \*\*\*150.00

Principal Place of Business		-Mailing Address				<b>-</b>				
4427 EXCHANGE AVE		POST OFFICE BOX 990094 NAPLES FL 34118			ı				_	
NAPLES FL 34104		US			}				<b>,</b> , , , , , ,	
JS.		-	<u>~</u> .			<b>41</b> 01			IR <b>ac</b> il (ad)	
2. Principal Place o	ol Business	3. Mailing Address			-    <sub> </sub>				(1) <b>()</b> () (1)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI	Number <b>65-0539550</b>	7 4		plied For		
Zip	Country	Zip	Country		5. Cer	tificate of Status Desired		8.75 Add		
6.	Name and Address of Current	Registered Agent			7. Nan	ne and Address of New Re				
DI AOTTO	DOADLEY C			Name				4	**************************************	
PLASTER, 1924 41\$1	Bradley S T.S.W.	-	Street Address			Number is Not Acceptable)	··		<del> </del>	
NAPLES F				<del></del>		<del></del> _	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
				City			FL	Zip Code		
								J		
p. The above name	ed entity submits this statement for	r the purpose of changing if	is register	eu onice or regis	reteo agent	, or both, in the State of Floh	ud.			
SIGNATURE				•						
Signatu	re, typed or printed hame of registered agent	and title it applicable. (NC	TE: Registers	d Agent signature requ	ired when reinste	ting)	DATE			
9. This corporation is eligible to satisfy its intengible Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!!  After MAY 1, 200  Make Check Payable				will be \$550.0	<b>)</b>	10. Election Campaign Final Trust Fund Contribution.	ncing		O May Be I to Fees	
ii.	OFFICERS AND	DIRECTORS	12.	·	ADOIT	IONS/CHANGES TO OFFIC	ERS AND D	PIRECTORS	S IN 11	
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,	LES FL 34116			-ST-ZIP		•				
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CITY-ST-ZIP	Abor the information of the second	AND ATTION AND ADDRESS OF		ST-ZIP	D-selection	OYOU'S FLAN STANDARD		45-4-2-		
indicated on this	that the information supplied with s report or supplemental report is	true and accurate and that	my signat	ure shall have th	e same lega	il effect as if made under oa	th: that I am	an officer	or director .	
of the corporation of the changed, or on	on or the receiver or trustee ampo an attachment with an address,	wered to execute this repor vith all other like empowered	τ as requi d.	ed by Chapter 6	U/, Florida S	statutes; and that my name a	appears in E	Block 11 or	Block 12 if	
	_ (!_^ \!)	<b>l</b>				dolar	011	,,,,	/ l6	
SIGNATUR	E:	RINTED HAME OF SIGNING OFFICE			<u> </u>	1/8/01-	<u> 44</u>	-643	<u>-0140</u>	



Secretary of State

January 24, 2001

PLASTER'S MASTER POOL SERVICE, INC. - POST OFFICE BOX 990094 NAPLES, FL 34116 US

Subject: PLASTER'S MASTER POOL SERVICE, INC.

Reference

P96000053590

Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/fm ANNUAL REPORTS SECTION