

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066977

1. Entity Name

MANATEE POOL & SPA CONSTRUCTION, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90111 002 \*\*\*150.00

Principal Place of Business

Mailing Address

659 108TH AVE NORTH  
NAPLES FL 34108

659 108TH AVE NORTH  
NAPLES FL 34110-9151

2. Principal Place of Business

3. Mailing Address

143 94TH AVENUE NORTH

143 94TH AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34108

Country

Zip

34108

Country

4. FEI Number

65-0685237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAIELLO, THOMAS MICHAEL  
659-108TH AVE NORTH  
NAPLES FL 34108

Name  
DAIELLO, THOMAS MICHAEL

Street Address (P.O. Box Number is Not Acceptable)

143 94TH AVENUE NORTH

City

NAPLES,

FL

Zip Code

34108

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Thomas Michael Daiello*

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

X 2/16/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME DAIELLO, THOMAS MICHAEL  
STREET ADDRESS 659 108TH AVE N  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE P  
NAME DAIELLO, THOMAS MICHAEL ☒ Change ☐ Addition  
STREET ADDRESS 143 94TH AVENUE NORTH  
CITY-ST-ZIP NAPLES, FL 34108

TITLE VP  
NAME FREIDLINE, KEITH E  
STREET ADDRESS 5 ROYAL COVE DR  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Thomas Michael Daiello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 2/16/00 X (941) 598-5257

Daytime Phone #

CR2E034 (9/99)