

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90115 039 ***150.00

DOCUMENT # **P96000066977**

1. Entity Name
MANATEE POOL & SPA CONSTRUCTION, INC.



Principal Place of Business
**743 94TH AVENUE NORTH
NAPLES FL 34108**

Mailing Address
**743 94TH AVENUE NORTH
NAPLES FL 34108**

2. Principal Place of Business

2002 Imperial Golf Course Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

DAIELLO, THOMAS MICHAEL

**743 94TH AVENUE NORTH
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Darlene Daiello VP Manatee Pool & Spa 3/1/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DAIELLO, THOMAS MICHAEL**
STREET ADDRESS **743 94TH AVENUE NORTH**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VP** ☐ Delete
NAME **DAIELLO, DARLENE**
STREET ADDRESS **743 94TH AVE N**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **S** ☐ Delete
NAME **SHALLBETTER, MITCHELL**
STREET ADDRESS **561 -31ST STREET SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME **2002 Imperial GCB**
STREET ADDRESS **Naples, FL 34110**
CITY-ST-ZIP

☒ Change ☐ Addition
TITLE
NAME **2002 Imperial GCB**
STREET ADDRESS **Naples, FL 34110**
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)