

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081117

1. Entity Name

PENNINSULA POOLS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90114 027 ***150.00

Principal Place of Business

Mailing Address

7802 N.W. 67 AVENUE
TAMARAC FL 33321

7802 N.W. 67 AVENUE
TAMARAC FL 33321-4908

2. Principal Place of Business

3. Mailing Address

3215 NW 123 AVE
Suite, Apt. #, etc.

3215 NW 123 AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Coral Springs FL

Coral Springs FL

Zip

Country

33065

USA

Zip

Country

33065

USA

4. FEI Number

65-0697632

Applied For

Not Applicable

5. Certificate of Status Desired

Am

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTOLAMI, JOSEPH
7802 N.W. 67 AVENUE
TAMARAC FL 33321

Name

Bertolami, Joseph P

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

3215

3215 NW 123 AVE

City

Coral Springs

FL

Zip Code

33065

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

Joseph P Bertolami

Joseph P Bertolami

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 JOSEPH P. BERTOLAMI
STREET ADDRESS 7154 N. UNIVERSITY DR.
CITY-ST-ZIP TAMARAC FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Joseph P Bertolami
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)