## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 12, 2001 8:00 am DOCUMENT # P96000081117 **Secretary of State** PENNINSULA POOLS, INC. 03-12-2001 90431 039 \*\*\*150.00 Principal Place of Business Mailing Address 3215 NW 123 AVE 3215 NW 123 AVE CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** 2. Principal Place of Business 3. Mailing Address 1154 n. Universit Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0697632 Not Applicable 90000C Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERTOLAMI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3215 NW 123 AVE **CORAL SPRINGS FL 33065** City 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. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition JOSEPH P. BERTOLAMI NAME NAME STREET ADDRESS -7:154-N:-UNIVERSITY-DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP---

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:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

(954) 254 (954) 254