

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90195 016 ***150.00

DOCUMENT # P96000098406

1. Entity Name
GULF COAST POOL CONSTRUCTION INC.



Principal Place of Business
**2355 HERITAGE LANE
NAPLES FL 34112**

Mailing Address
**2355 HERITAGE LANE
NAPLES FL 34112**

2. Principal Place of Business

5910 TAYLOR RD

Suite, Apt. #, etc.

103

City & State

NAPLES FL

Zip

34109

Country

USA

3. Mailing Address

5910 TAYLOR RD

Suite, Apt. #, etc.

103

City & State

NAPLES FL

Zip

34109

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3427641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAKER, NICHOLAS T
2355 HERITAGE LANE
NAPLES FL 33114**

7. Name and Address of New Registered Agent

Name

NICHOLAS T. BAKER

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

5910 TAYLOR RD SUITE 103

City

NAPLES

FL

Zip Code

34109

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

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

(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 **BAKER, NICHOLAS T**
STREET ADDRESS **2355 HERITAGE LANE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VP** ☐ Delete
NAME **SOARES, ALAN J**
STREET ADDRESS **611 18TH AVE. S.**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **VP** ☒ Change ☐ Addition
NAME **ALAN J. SOARES**
STREET ADDRESS **1770 4TH ST. SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

239-566-1721

Daytime Phone #

CR2E034 (10/02)