

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90057 014 ***150.00

DOCUMENT # P97000051178

1. Entity Name
ELITE POOL & SPA, INC.

| | |
|--|---|
| Principal Place of Business 9262 LAZY LN. TAMPA FL 33614 | Mailing Address P.O. BOX 130675 TAMPA FL 33681-0675 |
|--|---|

(001877)



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 1605 Kingsway Rd S. | 3. Mailing Address 1605 Kingsway Rd. S. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|------------------------------------|------------------------------------|--|---|
| City & State SEFFNER, FL | City & State SEFFNER, FL | 4. FEI Number 59-3463024 | Applied For <input type="checkbox"/> |
| Zip 33584 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
SCHIFINO, WILLIAM J
1 TAMPA CITY CENTER,
201 N. FRANKLIN ST., STE. 2700
TAMPA FL 33602

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.

SIGNATURE _____ (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. **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 NAME STREET ADDRESS CITY-ST-ZIP | DPS SICIGNANO, ROBERT 4230 W. BAY VISTA AVE. TAMPA FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SICIGNANO, ROBERT 14105 CHERRY ORCHARD RIV. TAMPA, FL 33618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STEINACKEN, RANDEE 1833 BRANCH FORBES RD #52 PLANT CITY FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAN STEINACKER, RANDEE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Sicignano **01-27-00** **813-643-1995**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #