

2001 UNIFORM BUSINESS REPORT (UBR)

6/2

FILED
Jul 13, 2001 8:00 am
Secretary of State

06-26-2001 90002 036 ***550.00

DOCUMENT # P97000051178

1. Entity Name
ELITE POOL & SPA, INC.

(Handwritten initials)

Principal Place of Business Mailing Address
 1605 KINGSWAY RD S 1605 KINGSWAY RD S
 SEFFNER FL 33384 SEFFNER FL 33384
 US US

76369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
150 Ed Scanlon Ln **150 Ed Scanlon Ln**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Seffner, Fla **Seffner, Fla**
 Zip Country Zip Country
33584 **USA** **33584** **USA**

4. FEI Number Applied For
59-3463024 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 X

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: *X William J. Schifino* DATE: *5-24-01*
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. **X**
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SICIGNANO, ROBERT 14105 CHERRY ORCHARD RUN TAMPA FL 33618	<input type="checkbox"/> Delete
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	<i>Joyce Parquet</i> <i>13129 Prestwick Dr</i> <i>Riverview, Fla 33569</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Joyce Parquet</i> <i>13129 Prestwick Dr</i> <i>Riverview, Fla 33569</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *X Robert Sicignano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5-24-01* Daytime Phone #: *813-643-1995*

CR2E034 (10/00)

Attachment
D# P97000051178
7/6/01



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 27, 2001

ELITE POOL & SPA, INC.
150 ED SCANLON LN
SEFFNER, FL 33584 US

Subject: ELITE POOL & SPA, INC.

Reference ~~Number: P97000051178~~

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg
ANNUAL REPORTS SECTION

Treasurer
Joyce Parquet