## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000072722

1. Entity Name

G & S.POOL SUPPLY, INC.

		· · · · · · · · · · · · · · · · · · ·						
Principal Place of Business 5905 53RD ST E BRADENTON FL 34203				Mailing Address 5905 53RD ST E BRADENTON FL 34203				
2. Principal Place of Business				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES
City & State				City & State				65-0779110 Applied For Not Applicable
Zip Country				Zip — Got			5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent							7.	. Name and Address of New Registered Agent
GELUSO, GARY V 5905 53RD ST E						Name Street Ado	dress (P.O.	. Box Number is Not Acceptable)
BRADENTON FL 34203						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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTS	E: Registere	d Agent signature	required wher	en 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 \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.		OFFICERS AND	DIRECTO	) RS	11.		P	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELUSO, 4529 51S BRADENT			□ Delete		1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELUSO, 4529 51S BRADENT		· ,	☐ Delete		1		☐ Change ☐ Addition
TITLE NÄME STREET ADDRESS CITY-ST-ZIP	D GELUSO, 4529 51S	Mindy L		☐ Delete	4	1		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELUSO, 4529 51S	GARY W	,	☐ Delete	4 - "			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		-	□ Delete				. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE: SIGNATURE AND TWEN OR PROTECT VAME OF SIGNAL OFFICE OR DIFFERENCE OR DIFFERENCE OF SIGNAL OFFICE OR DIFFERENCE OR DIFFERENCE OF SIGNAL OFFICE OR DIFFERENCE OR

Y-16-05

941-155-9288 Daytime Phone #

**FILED** 

Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90136 047 \*\*\*150.00