2002 UNIFORM BUSINESS REPORT (UBR)

P97000083963 DOGUMENT

Country

6. Name and Address of Current Registered Agent

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

1. Entity Name

City & State

CINELLI, DAVID

4910 SW 88TH TERRACE COOPER CITY FL 33328

Zip

CINELLI POOLS, INC.

Principal Place of Business Mailing Address 4910 SW 88TH TERRACE 4910 SW 88TH TERRACE

COOPER CITY FL 33328 COOPER CITY FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

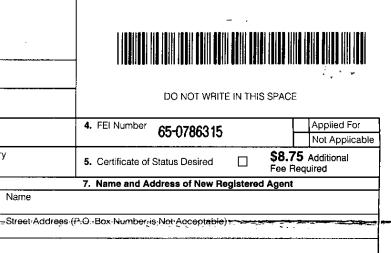
City & State

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.

Zip

FILED Jul 29, 2002 8:00 am Secretary of State

07-29-2002 90003 017 ***550 00



Zip Code

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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTSD CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition CINELLI, DAVID NAME 4910 SW 88TH TERRACE STREET ADDRESS STREET ADDRESS COOPER CITY FL 33328 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME ----NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Addition NAME

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

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 export 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 true export as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

☐ Change

■ Addition