

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P 99000008951*

1. Entity Name

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-21-2000 90001 028 ***150.00

07-13-2000 90022 028 ***150.00

Principal Place of Business

Mailing Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6737 NW 2 ST

3. Mailing Address

6737 NW 2 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

4. FEI Number

6T 0889965

Applied For

Not Applicable

Zip

33063

Country

FLORIDA

Zip

33063

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DARYL WENDORF
6737 NW 2 ST
MARGATE FL 33063

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

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 *DIRECTOR* ☐ Delete
NAME *DARYL WENDORF*
STREET ADDRESS *6737 NW 2 ST*
CITY-ST-ZIP *MARGATE FL 33063*

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

TITLE *DIRECTOR* ☐ Delete
NAME *GRETA WENDORF*
STREET ADDRESS *6737 NW 2 ST*
CITY-ST-ZIP *MARGATE FL 33063*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Greta Wendorf

6/14/00

Attachment
D#P99000008955
P0069473

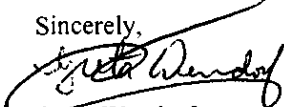
Coquina Pools Inc
6737 NW 2nd St
Margate FL 33063

June 13, 2000

Florida Division of Corporations
P O Box 6327
Tallahassee FL 32314

I am writing to request that you accept the filing of our annual report with a fee due of \$150.
I was unaware that the form had not been filed this year until someone checked our status. I did not
receive any mail from your offices as we moved and it was not forward. Thanking you in advance for your
assistance.

Sincerely,



Greta Wendorf