

# 2000 UNIFORM BUSINESS REPORT (UBR)

1042

FILED

00 JUN 15 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 97000093917

1. Entity Name  
POOL INTERIORS INC.

Principal Place of Business      Mailing Address

5100 W. COLONIAL DR.      5100 W. COLONIAL DR.  
SUITE 225      SUITE 225  
ORLANDO, FL 32808      ORLANDO, FL 32808

2. Principal Place of Business      3. Mailing Address

1614 LAMP LIGHTER WAY      5100 W. COLONIAL DR.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
#225  
City & State      City & State  
ORLANDO, FL      ORLANDO, FL  
Zip      Zip      Country      Country  
32818      32808      USA      USA

6. Name and Address of Current Registered Agent

JOHN R. BALLANTYNE  
903 N. PINE HILLS RD  
ORLANDO, FL 32808

4. FEI Number      Applied For

59-3478510      Not Applicable

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

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      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. (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 D&V	<input type="checkbox"/> Delete	TITLE D-P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN ERIC OLIVERA		NAME JOHN ERIC OLIVEIRA	
STREET ADDRESS 7243 WOODHILL PARK DR, # 426		STREET ADDRESS 1614 LAMP LIGHTER WAY	
CITY-ST-ZIP ORLANDO, FL 32818		CITY-ST-ZIP ORLANDO, FL 32818	
TITLE D-P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAD DRAPER		NAME	
STREET ADDRESS 1122 CHELSEA PARK DR		STREET ADDRESS	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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-07/06/00-01004-024  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

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 an other like empowered.

SIGNATURE: *[Signature]*

CR2E034 (9/99)

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ATTACHMENT DOC# p97000093917

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6/9/00

PLEASE ACCEPT THIS AS TIMELY, AS WE HAVE HAD TERRIBLE PROBLEMS WITH OUR MAILBOX. SUITE OR STE IS NOT ACCEPTED ANYMORE. MUST ONLY AVE #225. WE DID NOT GET ORIGINAL FORM, PLEASE ACCEPT THIS COPY.

THANK YOU  
JOHN ERIC OLIVEIRA