

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102858

1. Entity Name

GATOR POOL CARE, INCORPORATED

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90061 035 ***150.00

Principal Place of Business

C/O JACK MASIELLO
1559 FAIRWAY ROAD
PEMBROKE PINES FL 33026

Mailing Address

C/O JACK MASIELLO
1559 FAIRWAY ROAD
PEMBROKE PINES FL 33026-3217

2. Principal Place of Business

C/O JACK MASIELLO
Suite, Apt. #, etc.
1290 MAJESTY TERRACE

3. Mailing Address

C/O JACK MASIELLO
Suite, Apt. #, etc.
1290 MAJESTY TERRACE

City & State

WESTON FL

City & State

WESTON FL

Zip

33327

Country

USA

Zip

33327

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0799260

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASIELLO, JACK
1559 FAIRWAY ROAD
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name
MASIELLO JACK
Street Address (P.O. Box Number is Not Acceptable)
1290 MAJESTY TERRACE
City
WESTON FL Zip Code
33327

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

Jack Masello

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

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASIELLO, JACK 1559 FAIRWAY ROAD PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASIELLO, FAITH 1559 FAIRWAY ROAD PEMBROKE PINES FL 33026	<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
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	P MASIELLO JACK 1290 MAJESTY TERRACE WESTON FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASIELLO FAITH 1290 MAJESTY TERRACE WESTON FL 33327	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Masello RED

3/20/00

DATE

954
659 8170

Daytime Phone #

CR2E034 (9/99)