

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90082 029 ***150.00

DOCUMENT # P98000032686

1. Entity Name
FATHOM POOLS, INC.

Principal Place of Business

4463-B ASHTON ROAD
SARASOTA FL 34233

Mailing Address

4463-B ASHTON ROAD
SARASOTA FL 34233

2. Principal Place of Business

2208 58th Ave E.
 Suite, Apt. #, etc.

3. Mailing Address

2208 58th Ave E.
 Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

34203

Country

USA

Zip

34203

Country

USA

4. FEI Number

65-0830118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLT, GROVE LEE

4463 ASHTON RD. UNIT B
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)

2208 58th Ave E.

City

BRADENTON

FL

Zip

34203

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, 2002 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 | PD | <input type="checkbox"/> Delete |
| NAME | BOLT, GROVE LEE | |
| STREET ADDRESS | 4463 ASHTON RD UNIT B | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOLT, ANN G | |
| STREET ADDRESS | 4463 ASHTON RD UNIT B | |
| CITY-ST-ZIP | SARASOTA FL 34233 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLT, GROVE LEE | |
| STREET ADDRESS | 2208 58th Ave E | |
| CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLT, ANN G | |
| STREET ADDRESS | 2208 58th Ave E | |
| CITY-ST-ZIP | BRADENTON FL 34203 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GL BOLT, President 4/25/02 941-755-1333

Date

Daytime Phone #

CR2E034 (9/01)