

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041656

1. Entity Name

TRANSPARENT POOLS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90070 031 \*\*\*158.75

Principal Place of Business

Mailing Address

835 MACY STREET  
W. PALM BCH FL 33405

835 MACY STREET  
W. PALM BCH FL 33405-4241

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0845662

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BINGOLD, JAMES E  
835 MACY ST  
W. PALM BCH FL 33405

Name Glenda L. Bingold

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

835 Macy Street

City WPB

**FL**

Zip Code 33405

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

*Glenda L. Bingold*

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

(NOTE: Registered Agent signature required when reinstating)

11-30-99

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 **STD** ☒ Delete  
NAME BINGOLD, JIM  
STREET ADDRESS 118 NE 22ND STREET  
CITY-ST-ZIP DELRAY BEACH FL 33444-4222

TITLE **President** ☒ Change ☒ Addition  
NAME Glenda L. Bingold  
STREET ADDRESS 835 Macy St.  
CITY-ST-ZIP W. Palm Beh, FL 33405

TITLE **PD** ☒ Delete  
NAME BINGOLD, JAMES E  
STREET ADDRESS 835 MACY ST  
CITY-ST-ZIP W. PALM BCH FL 33405

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

TITLE **STD** ☒ Delete  
NAME BINGOLD, GLENDA L  
STREET ADDRESS 835 MACY ST  
CITY-ST-ZIP W. PALM BCH FL 33405

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Glenda L. Bingold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenda L. Bingold 11-30-99

Date

(561) 540-4108

Daytime Phone #

CR2E034 (9/99)