

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086141

1. Entity Name

CALABRETTA POOL CARE & REPAIR, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90107 018 ***150.00

Principal Place of Business

Mailing Address

16377 WATER WAY
DELRAY BEACH FL 33484-8

16377 WATER WAY
DELRAY BEACH FL 33484-6643

2. Principal Place of Business

3. Mailing Address

6542 HYPOLUXO RD

6542 HYPOLUXO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 130

SUITE # 130

City & State

City & State

LAKE WORTH, FL

LAKE WORTH, FL

Zip

Country

Zip

Country

33467

33467

4. FEI Number

65-0869353

Applied For

Not Applicable

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

HCRM CORP.
2200 CORPORATE BOULEVARD, N.W.
SUITE 401
BOCA RATON FL 33431

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	<input type="checkbox"/> Delete
NAME	CALABRETTA, DAVID	
STREET ADDRESS	16377 WATER WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484-8	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALABRETTA, SUSAN B	
STREET ADDRESS	16377 WATER WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33484-8	
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		
TITLE		<input type="checkbox"/> Delete
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		
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:

David Calabretta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000

Date

561-596-6449

Daytime Phone #

CR2E034 (9/99)