

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90074 022 \*\*\*150.00

**A0022879**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000094161**

1. Entity Name  
**Superior Pool Plastering, Inc.** ✓

Principal Place of Business  
**1922 Second St  
South Daytona, FL  
32119**

Mailing Address  
**1922 Second Street  
South Daytona, FL  
32119**

2. Principal Place of Business  
**2054 Oak Meadow Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**2054 Oak Meadow Circle**  
Suite, Apt. #, etc.

City & State  
**South Daytona FL**

City & State  
**South Daytona, FL**

Zip  
**32119**

Country  
**USA**

Zip  
**32119**

Country  
**USA**

4. FEI Number  
**59-3540462**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**O'Connell, Pat  
1922 Second St  
South Daytona, FL 32119**

7. Name and Address of New Registered Agent

Name  
**Patrick O'Connell**

Street Address (P.O. Box Number is Not Applicable)  
**2054 Oak Meadow Circle**

City  
**South Daytona** **FL** Zip Code  
**32119**

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 **Patrick E O'Connell** DATE **2/6/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 <b>President</b>	<input type="checkbox"/> Delete
NAME <b>PATRICK E O'Connell</b>	
STREET ADDRESS <b>1922 Second Street</b>	
CITY-ST-ZIP <b>South, DAYTONA FL 32119</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>CITY-ST-ZIP</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATRICK E O'Connell</b>	
STREET ADDRESS <b>2054 Oak Meadow Circle</b>	
CITY-ST-ZIP <b>South DAYTONA, FL 32119</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CITY-ST-ZIP</b>	

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: **Patrick E O'Connell** DATE **2/6/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/00)