

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000026050**

1. Entity Name

**SHOWCASE POOL PLASTERING, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1304 SE 19 ST**  
Suite, Apt. #, etc.

3. Mailing Address

**1304 SE 19 ST**  
Suite, Apt. #, etc.

City & State

**CAPE CORAL FL**

City & State

**CAPE CORAL FL**

Zip

**33990**

Country

**USA**

Zip

**33990**

Country

**USA**

4. FEI Number

**650906912**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **MATTHEW J WERTIN**

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

**1304 SE 19 ST**

City

**CAPE CORAL**

FL

Zip Code

**33990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**JAN 7 03**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**  
NAME **MATTHEW J WERTIN**  
STREET ADDRESS **1304 SE 19 ST**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **SECRETARY**  
NAME **MARIA WERTIN**  
STREET ADDRESS **1304 SE 19 ST**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

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**700010016387**

**01/10/03--01061--015 \*\*158.75**

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 7 03 631772 5295**

Date

Daytime Phone #

CR2034B (12/02)