

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90426 048 \*\*\*150.00

DOCUMENT #

P99000050410

1. Entity Name

Advanced Pool Design & Construction, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

868 106th Ave. N.

Suite, Apt. #, etc.

3. Mailing Address

868 106th Ave N.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

USA

City & State

Naples, FL

Zip

34108

Country

USA

4. FEI Number

59-3580279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas Wanderon

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

Thomas Wanderon & Associates

868 106th Avenue North

City

Naples, FL

FL

Zip Code

34108

**DO NOT WRITE  
IN THIS SPACE**

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.

Thomas Wanderon

(NOTE: Registered Agent signature required when reinstating)

4/5/2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Threikeld, Michael  
3420 SW 21st Avenue  
Naples, FL 34117

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Mike Threikeld X 4/12/02 X 941-352-4544

Date

Daytime Phone #

CR2E034B (12/01)