

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90048 007 \*\*\*150.00

00060694

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000053221

1. Entity Name  
PERFECT POOL PLASTERING, INC.

Principal Place of Business

4378 NORTHLAKE BLVD.  
PALM BCH GARDENS, FL  
33410

Mailing Address

3010 S.W. CAPTIVA CT.  
PALM CITY, FL 34990

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0926343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLSTON, JOSEPH B. SR.  
3010 S.W. CAPTIVA CT.  
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	HOLSTON, JOSEPH B. SR.	
STREET ADDRESS	3010 S.W. CAPTIVA CT.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GALAN, JOSEPH	
STREET ADDRESS	5235 WHITEWOOD COVE SOUTH	
CITY-ST-ZIP	LAKEWORTH, FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GALAN, LISA	
STREET ADDRESS	5235 WHITEWOOD COVE SOUTH	
CITY-ST-ZIP	LAKEWORTH, FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLSTON, KAREN	
STREET ADDRESS	3010 S.W. CAPTIVA CT.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen A. Holston

Date

Daytime Phone #

5-23-00

(561) 286-4961

CR2E034 (9/99)