

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074160

1. Entity Name

KIRSTEN DECKS & POOLS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90174 007 \*\*\*150.00

Principal Place of Business

2321 PECK STREET  
SARASOTA FL 34238

Mailing Address

2321 PECK STREET  
SARASOTA FL 34238-2928

2. Principal Place of Business

3685 N. Cranberry Blvd

3. Mailing Address

3685 N. Cranberry Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
North Port, FL

City & State  
North Port, FL

4. FEI Number

59-3593415

Applied For

Not Applicable

Zip  
34286

Country  
USA

Zip  
34286

Country  
USA

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

KIRSTEN, MARK D  
2321 PECK STREET  
SARASOTA FL 34238

Name  
Mark D. Kirsten

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

3685 N. Cranberry Blvd

City  
North Port

FL

Zip Code  
34286

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☒ Addition

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TITLE  
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

Mary B. Kirsten

Mary B. Kirsten

(941) 423-6604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)