

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90013 008 ***150.00

0691201 AV

DOCUMENT # P99000103586

1. Entity Name

BRITE POOL SERVICE, INC.

Principal Place of Business

**1633 PERIWINKLE WAY. SUITE A
 SANIBEL FL 33957**

Mailing Address

**1633 PERIWINKLE WAY. SUITE A
 SANIBEL FL 33957**

2. Principal Place of Business

9351 CROCUS CT.

3. Mailing Address

- Same -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL.

City & State

Zip

33912

Country

Lee

Zip

Country

4. FEI Number

65-0964631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY J

**1633 PERIWINKLE WAY, SUITE A
 SANIBEL FL 33957**

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, 2002 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 **PD** ☒ Delete
 NAME **PRESTIPINO, RICHARD**
 STREET ADDRESS **14894 CRESCENT COVE DRIVE**
 CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **STD VP** ☐ Delete
 NAME **POWELL, LINDA**
 STREET ADDRESS **9351 CROCUS CT**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **Richard Powell** ☐ Delete
 NAME **9351 CROCUS CT.**
 STREET ADDRESS **FT. MYERS, FL 33912**
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **Todd Powell**
 STREET ADDRESS **7370 Pinnacle Pine Dr**
 CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02-9414371881

Date

Day-time Phone #

CR2E034 (9/01)