

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90061 048 \*\*\*150.00

0623831

**DOCUMENT # P99000105211**

1. Entity Name  
**CLEAR REFLECTION POOL SERVICE, INC.**

Principal Place of Business  
**7832 SONOMA SPRINGS CIRCCLE #207**  
**BOYNTON BEACH FL 33463**

Mailing Address  
**7832 SONOMA SPRINGS CIRCCLE #207**  
**BOYNTON BEACH FL 33463**

013033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2504 AMHERST CT.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2504 AMHERST CT**  
 Suite, Apt. #, etc.

City & State  
**BOYNTON BEACH FL**  
 Zip  
**33436**

City & State  
**BOYTON BEACH FL**  
 Zip  
**33436**

4. FEI Number **65-0965483**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CUCINOTTA, JAMES**  
**7832 SONOMA SPRINGS CIRCCLE #207**  
**BOYNTON BEACH FL 33463**

7. Name and Address of New Registered Agent

Name **CUCINOTTA, JAMES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2504 AMHERST CT**  
 City **BOYNTON BEACH**, FL Zip Code **33436**

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

(NOTE: Registered Agent signature required when reinstating)

**2-4-01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUCINOTTA, JAMES</b> <b>7832 SONOMA SPRINGS CIRCCLE #207</b> <b>BOYNTON BEACH FL 33463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUCINOTTA, DOROTHY</b> <b>7832 SONOMA SPRINGS CIRCCLE #207</b> <b>BOYNTON BEACH FL 33463</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2504 AMHERST CT</b> <b>BOYNTON BEACH, FL 33436</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2504 AMHERST CT.</b> <b>BOYNTON BEACH FL 33436</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

**JAMES CUCINOTTA**

**2-4-01**

**561-719-0116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)