

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107864

1. Entity Name

BIT OF PARADISE POOLS, INC.

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**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90009 009 \*\*\*150.00

Principal Place of Business

15438 62ND PLACE NORTH  
LOXAHATCHEE FL 33470

Mailing Address

15438 62ND PLACE NORTH  
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965711

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ABBOTT, JOHN  
15438 62ND PLACE NORTH  
LOXAHATCHEE FL 33470

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD ☐ Delete  
NAME ABBOTT, JOHN  
STREET ADDRESS 15438 62ND PLACE NORTH  
CITY-ST-ZIP LOXAHATCHEE FL 33470

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

JOHN A. ABBOTT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

(561) 662-0747

Daytime Phone #

CR2E034 (5/00)

P99000107864

ACC67881

**BIT OF PARADISE POOLS  
15438 62<sup>ND</sup> PLACE NORTH  
LOXAHATCHEE, FLORIDA 33470  
TELEPHONE: 561-792-5676**

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

July 7, 2000

RE: UNIFORM BUSINESS REPORT  
BIT OF PARADISE POOLS, INC.  
DOCUMENT # P99000107864

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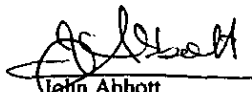
Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2000 for the above-mentioned corporation.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

Sincerely,

  
John Abbott  
President

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