

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109253

1. Entity Name

BAYSIDE POOL SERVICE OF NAPLES, INC. ✓

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90004 021 ***550.00

Principal Place of Business

Mailing Address

2638 FOUNTAIN VIEW CIR., #205
NAPLES FL 34109

2638 FOUNTAIN VIEW CIR., #205
NAPLES FL 34109

2. Principal Place of Business

2011 River Reach Dr

3. Mailing Address

2011 River Reach Dr

Suite, Apt. #, etc.

Apt 260

Suite, Apt. #, etc.

Apt 260

City & State

Naples FL

City & State

Naples FL

4. FEI Number

593616451

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

34104

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

PASTORE, PHIL
2638 FOUNTAIN VIEW CIR., #205
NAPLES FL 34109

Name

Phil Pastore

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

2011 River Reach Drive

Apt 260

City

Naples

FL

Zip Code

34104

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 ☐ Delete
NAME D
STREET ADDRESS PASTORE, PHIL
CITY-ST-ZIP 2638 FOUNTAIN VIEW CIR., #205
NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME 2011 River Reach Drive, Apt #260
STREET ADDRESS Naples, FL
CITY-ST-ZIP 34104

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
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-29-00 1-911-430-6760

CR2: 014 (9/93)