

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**  
 03-08-2000 90129 046 \*\*\*150.00

**DOCUMENT # S01862**

1. Entity Name  
**SAN JUAN POOLS INC.**

Principal Place of Business

Mailing Address

1408 SE 17 AVE  
 E  
 CAPE CORAL FL 33990  
 US

2363 CORAL POINT DRIVE  
 CAPE CORAL FL 33990-3812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0221812**

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

**DIRUSSO, SHIRLEY**  
**2363 CORAL POINT DRIVE**  
**CAPE CORAL FL 33990**

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, 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 **DS**  
 STREET ADDRESS **DIRUSSO, SHIRLEY**  
 CITY-ST-ZIP **2363 CORAL PT DR. CAPE CORAL FL**

☐ Delete

TITLE **Add Vice President**  
 NAME **Shirley D. Russo**  
 STREET ADDRESS **Same**  
 CITY-ST-ZIP **2363 Coral Pt Dr Cape Coral FL 33990**

☒ Change ☐ Addition

TITLE  
 NAME **P**  
 STREET ADDRESS **DIRUSSO, DONALD**  
 CITY-ST-ZIP **2363 CORAL POINT DR. CAPE CORAL FL**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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TITLE  
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 STREET ADDRESS  
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Donald Di Russo**

**2-24-00**

**941-945-1144**

CR2E034 (9/99)