

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08423

1. Entity Name

DESIGNER POOLS & SPAS OF CHARLOTTE COUNTY, INC.

Principal Place of Business

11077 SW BRANSON
ARCADIA FL 34266
US

Mailing Address

11077 SW BRANSON
ARCADIA FL 34266-8143
US

2. Principal Place of Business

1047 N. SAN MATEO DR

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTHPORT FL

City & State

NORTHPORT FL

Zip

34286

Country

SARASOTA

Zip

Country

4. FEI Number

65-0306134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANOLAKOS, DAVID T.
11077 SW BRANSON AVE
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name

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

1047 N. SAN MATEO DR

City

NORTHPORT

FL

Zip Code
34286

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MANOLAKOS, DAVID T.
CITY-ST-ZIP 11077 SW BRANSON AVE
ARCADIA FL 34266

TITLE ☐ Delete
NAME VICE PRESIDENT
STREET ADDRESS DEBRA MANOLAKOS
CITY-ST-ZIP 1047 N. SAN MATEO DR
NORTHPORT FL 34286

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 PRESIDENT
STREET ADDRESS 1047 N. SAN MATEO DR
CITY-ST-ZIP NORTHPORT FL 34286

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

TITLE ☐ Change ☐ Addition
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 #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90038 006 ***150.00



DO NOT WRITE IN THIS SPACE

1/6/2000 941-429-9411