

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90075 029 \*\*\*150.00

**DOCUMENT # P96000047525**

1. Entity Name  
**A+ POOLS, INC.**

Principal Place of Business

**3300 DAVIS BOULEVARD  
 NAPLES FL 34104  
 US**

Mailing Address

**3300 DAVIS BOULEVARD  
 NAPLES FL 34104-3795  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3784 Domestic Ave.**

Suite, Apt. #, etc.

**Unit E**

City & State

**Naples FL**

Zip  
**34104**

Country  
**USA**

3. Mailing Address

**3784 Domestic Ave.**

Suite, Apt. #, etc.

**Unit E**

City & State

**Naples FL**

Zip  
**34104**

Country  
**USA**

4. FEI Number **65-0683515**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RICE, ROGER B  
 800 SEAGATE DRIVE  
 SUITE 203  
 NAPLES FL 33940**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAUSCH, CHRIS</b>	NAME	
STREET ADDRESS	<b>140 DEBRON DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33962</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAUSCH, DEBORAH</b>	NAME	
STREET ADDRESS	<b>140 DEBRON DRIVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33962</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRANTZ, ROBERT</b>	NAME	<b>Robert Krantz</b>
STREET ADDRESS	<b>2584 LONGBOAT DRIVE</b>	STREET ADDRESS	<b>3831 Snowflake Ln</b>
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	CITY-ST-ZIP	<b>Naples FL 34112</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Deborah K. Rausch**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-00** **941-774-6001**  
 Date Daytime Phone #

CR2E034 (9/99)