

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90441 038 \*\*\*150.00

DOCUMENT # **F99076** ✓  
1. Entity Name  
**ATLAS SWIMMING POOLS, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1825 7<sup>th</sup> AVE NORTH**  
Suite, Apt. #, etc.  
City & State  
**LAKE WORTH, FL**  
Zip  
**33461** Country  
**USA**

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.  
City & State  
**Same**  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2226115**  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**Sidney Kovner**  
Street Address (P.O. Box Number is Not Acceptable)  
**113 EBBTIDE DRIVE**  
City  
**NORTH PALM BEACH FL** Zip Code  
**33408**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES SIDNEY KOVNER 113 EBBTIDE DRIVE NORTH PALM BEACH, FL 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRES ALVIN HORING 122 JEFFREY LANE OCEANSIDE, NY 11572</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECY ELANOR KOVNER 113 EBBTIDE DRIVE NORTH PALM BEACH, FL 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other lines empowered.

SIGNATURE: \_\_\_\_\_ Date **04/10/02** Daytime Phone # **561-386-4385 M**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)