

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90152 019 \*\*\*150.00

**DOCUMENT # K33302**

1. Entity Name  
**POOLS 'N SPAS OF CENTRAL FLORIDA, INC.**

Principal Place of Business  
**5 MARKET PLACE, UNIT 3  
 PALM COAST, FL 32137**

Mailing Address  
**5 MARKET PLACE, UNIT 3  
 PALM COAST FL 32137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**50 AUDUBON LANE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**50 AUDUBON LANE**  
 Suite, Apt. #, etc.

City & State  
**FLAGLER BEACH FL**  
 Zip **32136** Country

City & State  
**FLAGLER BEACH FL**  
 Zip **32136** Country

4. FEI Number **59-2913233**

Applied For  
 Not Applicable

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

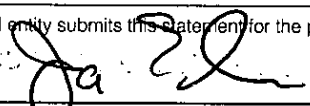
**6. Name and Address of Current Registered Agent**

**EDEN, JAMES C**  
~~60 AUDUBON LANE~~  
**FLAGLER BEACH FL 32136**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**50 AUDUBON LANE**  
 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)

**4/20/02**  
 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, 2002 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	<b>EDEN, JAMES C</b>	<del>7 WILDERNESS RUN</del>	<b>FLAGLER BCH FL 32136</b>	<input type="checkbox"/>
SD	<b>EDEN, CYNTHIA M</b>	<del>7 WILDERNESS RUN</del>	<b>FLAGLER BEACH FL 32136</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>50 AUDUBON LANE</b>		<input type="checkbox"/>	<input type="checkbox"/>
		<del>50 AUDUBON LANE</del>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**386**  
**4/20/02** **448-8057**  
 Date Daytime Phone #

UNIFORM BUSINESS REPORTS CR2E034 (9/01)