2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K33302

1. Entity Name

POOLS 'N SPAS OF CENTRAL FLORIDA, INC.

rooks i		rida, iivo.						
Principal Place of Business 50 AUDUBON LANE FLAGLER BEACH FL 32136		Mailing Address 50 AUDUBON LANE FLAGLER BEACH FL 32136						
2. Principal Place of Business		3. Mailing Address				T EBBURNIU DOB SIURO UNION HUIS BRUTA LIBU RUNIU SUBIL RUNIU RUNIU RUNIU RUNIU RUNIU NUNIU LUNIU		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number 59-2913233		
Zip Country		Zip Country		try	- * -	5. Certificate of Status Desired See Required	le ·	
	6. Name and Address of Curren	t Registered Agent				7. Name and Address of New Registered Agent		
				Name				
EDEN, JAI			Street Address		ss (P.0	O. Box Number is Not Acceptable)	\exists	
50 AUDUBON LANE FLAGLER BEACH FL 32136							ᅱ	
FLAGLER	5 52130		City			Zip Code	\dashv	
8. The above named entity submits this statement for the purpose of changing its regist				od office or regis				
	tions of registered agent.	or the purpose of changing its	registere	sa office of regis	sici cc	a agent, or both, in the state of Florida. Tall harman with, and descrip	` [
SIGNĄTURE .	7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
· .	Signature, typed or printed name of registered ager	at and title if applicable. (NOTS	E: Registered	d Agent signature requ	uired wh	when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\exists	
TITLE -	PTD			1		☐ Change ☐ Addition	חנ	
NAME STREET ADDRESS	EDEN, JAMES C 50 AUDUBON LANE		NAM! STRE	E Et address				
CITY-ST-ZIP	FLAGLER BCH FL 32136	· <u>-</u> -	-	-ST-ZIP		A M. FAIT W L	4	
TITLE NAME	SD IEDEN, CYNTHIA M	☐ Delete	TITLE NAM!	· I		☐ Change ☐ Addition	ın	
STREET ADDRESS	50 AUDUBON LANE	_== 	STRE	ET ADDRESS		and the second of the second o		
CITY-ST-ZIP	FLAGLER BEACH FL 32136			-ST-ZIP		☐ Change ☐ Additio		
TITLE NAME		☐ Delete	TITLE	l l		Change Adduite	"	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		Delete	TITLE			☐ Change ☐ Additio)n	
NAME	NA NA		NAME			_ * • • <u>_</u>		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP				
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	nc	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		Delete	TITLE			Change Addition	n	
NAME	l		NAME	: 1			j	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATUPE REQUIRED
SIGNATURED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

386) 527-179

FILED

03-03-2003 90472 035 ***150.00

Mar 03, 2003 8:00 am Secretary of State

Daytime Phone #

3R2E034 (10/02)