

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0200004413 1. Entity Name JIM'S CUSTOM POOL COMPANY, INC.		
Principal Place of Business 465 CENTURY DRIVE MARCO ISLAND, FL 34145		Mailing Address 465 CENTURY DRIVE MARCO ISLAND, FL 34145
2. Principal Place of Business 201 Clyburn St. <small>Suite, Apt. #, etc.</small>	3. Mailing Address 201 Clyburn St. <small>Suite, Apt. #, etc.</small>	
City & State MARCO ISL. FL.	City & State MARCO ISL. FL.	4. FEI Number 03-0379837 Applied For <small>Not Applicable</small>
Zip 34145 Country USA	Zip 34145 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional <small>Fee Required</small>
6. Name and Address of Current Registered Agent NICI, JAMES R. C/O COX AND NICI 3001 TAMiami TRAIL NORTH SUITE 100 NAPLES, FL 34103		
James R. Nici Cox & Nici 1185 Immokalee Rd., Suite 110 Naples, FL 34110		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, and accepts the obligations of a registered agent.		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)</small>		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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be <small>Added to Fees</small>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition D, P, V, S, T	
SHELTON, JAMES G 465 CENTURY DRIVE MARCO ISLAND, FL 34145		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-26-03 Day and Phone # 394-8966

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CHECK HERE IF MAKING CHANGES

CFR2E034 (10/02)