

2007 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90031 046 ***150.00

DOCUMENT # P03000113549

1. Entity Name
DAVIDS POOLS INC.



DO NOT WRITE IN THIS SPACE

40110455

2. Principal Place of Business
1250 MT. HOMER RD STE 3
Suite, Apt. #, etc

3. Mailing Address
1250 MT. HOMER RD STE 3
Suite, Apt. #, etc

City & State
EUSTIS, FL

City & State
EUSTIS, FL

Zip
32726

Country
US

Zip
32726

Country
US

DO NOT WRITE IN THIS SPACE

20-0433820
P03000113549

4. FEI Number
P03000113549

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
PATTI LEVIN BS EA

Street Address (P.O. Box Number is Not Acceptable)
1250 MT. HOMER RD, STE 3

City
EUSTIS

FL

Zip Code
32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Patti Levin BS EA

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

(NOTE: Registered Agent signature required when re-filing)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>DAVID SMITH</u> <u>2429 CERBERUS DR.</u> <u>APOLKA, FL 32712</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered

SIGNATURE:

Patti Levin BS EA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

(352) 357-0007

Daytime Phone #

CS/ECS/43 (12/00)