3/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
03-29-2002 91433 038 ***150.00

DOCUMENT # P96000032314

1. Entity Name
SWIMMING POOLS BY POWERS, INC.

Principal Place of Business	Mailing Address
4719 N. WILLIAMS AVE. CRYSTAL RIVER FL 34428	4719 N. WILLIAMS AVE. CRYSTAL RIVER FL 34428

- 28202 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3503 N. BRAVO DR. RIDGE ALT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BEVERLY HILLS FL.	City & State
Zip: 34465 Country	Zip Country

4. FEI Number 59-3378658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POWERS, RICHARD 4719 N. WILLIAMS AVE. CRYSTAL RIVER FL 34428	Name: WALTER EDWARD CLAWSON Street Address (P.O. Box Number is Not Acceptable): 6812 N. TRAM RD. City: HERNANDO FL Zip Code: 34442

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: X DBracey 03.18.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P POWERS, RICHARD 4719 N. WILLIAMS AVE. CRYSTAL RIVER FL 34428	☒ Delete	WALTER EDWARD CLAWSON 6812 N. TRAM RD. HERNANDO, FL. 34442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition

Sincere apologies for omissions
DBracey

CR2E034 (9/01)

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: X SIGNATURE REQUIRED Walter Clawson 4-23-02 465777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DBracey Apr. 23. 02 — Date — 352 465 3611 Daytime Phone #