

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90101 007 ***150.00

DOCUMENT # P97000003207

1. Entity Name
JOHNSON POOLS & SPAS, INC.



Principal Place of Business
**1031 S.E. 26TH TERRACE
CAPE CORAL FL 33904**

Mailing Address
**1031 S.E. 26TH TERRACE
CAPE CORAL FL 33904**



2. Principal Place of Business

5238 SW 2nd Ave

3. Mailing Address

5238 SW 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Cape Coral FL

City & State
Cape Coral FL

4. FEI Number **65-0587874**

Applied For
 Not Applicable

Zip
33914

Country
Lee

Zip
33914

Country
Lee

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

**JOHNSON, KATHLEEN K
1031 S.E. 26TH TERRACE
CAPE CORAL FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

5238 SW 2nd Ave

City

Cape Coral

FL

33914

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **JOHNSON, PHILLIP C**
STREET ADDRESS **1031 S.E. 26 TERR**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
NAME
STREET ADDRESS **Address same as above**
CITY-ST-ZIP

TITLE **S** Delete
NAME **JOHNSON, KATHLEEN K**
STREET ADDRESS **1031 S.E. 26 TERR**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE Change Addition
NAME
STREET ADDRESS **Address same as above**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 links empowered.

SIGNATURE: **Kathleen Johnson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 (239)481-9696
Date Daytime Phone #

CR2E034 (10/02)