

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90197 027 ***150.00

DOCUMENT # P99000026244

1. Entity Name

CENTURY POOLS OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

6035 S.E. RIVERBOAT DR.
 STUART FL 34994

P.O. BOX 1003
 PALM CITY FL 34991-1003

2. Principal Place of Business

6035 SE RIVERBOAT DR

3. Mailing Address

P.O. BOX 1003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 STUART, FLORIDA

City & State
 PALM CITY, FLORIDA

4. FEI Number
 65-0913297

Applied For
 Not Applicable

Zip Country
 34997 MARTIN

Zip Country
 34991-1003 MARTIN

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

SEATON, KEITH S
 6035 S.E. RIVERBOAT DR.
 STUART FL 34994

Name
 N/A

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

City FL Zip Code

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 Keith S Seaton*

PRESIDENT

04/07/2000

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SEATON, KEITH S	
STREET ADDRESS	6035 S.E. RIVERBOAT DR.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEMASTER, PATRICIA D	
STREET ADDRESS	6035 S.E. RIVERBOAT DR.	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Patricia D Lemaster*, V.P.

04/07/00 (561) 286-9089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)