

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000026244

FILED
Apr 24, 2003
Secretary of State

Entity Name: CENTURY POOLS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1003
PALM CITY, FL 349911003

New Mailing Address:

P.O. BOX 117
PORT SALERNO, FL 349920117 US

FEI Number: 65-0913297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SEATON, KEITH S
Address: 6035 S.E. RIVERBOAT DR.
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: LEMASTER, PATRICIA D
Address: 6035 S.E. RIVERBOAT DR.
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SEATON

VP

04/24/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date