

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000109342  
 1. Entity Name Swim Temp, Inc.

FILED  
 00 SEP 25 PM 3:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 12929 44th St. N. Clearwater, FL 33762  
 Mailing Address 754 Pinellas Bayway Tierra Verde, FL 33715

2. Principal Place of Business 12929 44th St. N.  
 Suite, Apt. #, etc.  
 3. Mailing Address 754 Pinellas Bayway  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Clearwater FL 33762  
 Zip 33762 Country USA  
 City & State Tierra Verde, FL  
 Zip 33715 Country USA

4. FEI Number 59-3618337  
 Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
Charles S. Dahoff III  
Cornerstone Centre  
3830 Tampa Rd, Suite 150  
Palm Harbor, FL 34684

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
400003419594--7  
-10/09/00--01097--009  
 City \*\*\*\*\*61. FL \*\*\*\*\*1.50

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Raymond Bourgeois</u> <u>12929 44th St. N</u> <u>Clearwater, FL 33762</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Marie Lavoie</u> <u>12929 44th St. N</u> <u>Clearwater, FL 33762</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Sebastian Bourgeois</u> <u>12929 44th St. N.</u> <u>Clearwater, FL 33762</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Pam Hadden</u> <u>754 Pinellas Bayway</u> <u>Tierra Verde, FL 33715</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE President</u> <u>Mark Langley</u> <u>754 Pinellas Bayway</u> <u>Tierra Verde, FL 33715</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Pam Hadden</u> <u>754 Pinellas Bayway</u> <u>Tierra Verde, FL 33715</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Pam Hadden</u> <u>754 Pinellas Bayway</u> <u>Tierra Verde, FL 33715</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Jeff Cossaint</u> <u>754 Pinellas Bayway</u> <u>Tierra Verde, FL 33715</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pam Hadden President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/00 727-279-0366  
 Date Daytime Phone #

SP

CR2E034 (5/00)