

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90121 028 \*\*\*150.00

**DOCUMENT # P99000109342**

1. Entity Name

**SWIMTEMP, INC.**

Principal Place of Business

12929 44TH ST N  
CLEARWATER FL 33762

Mailing Address

754 PINELLAS BAYWAY  
TIERRA VERDE FL 33715

LUU17043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5901 Sun Blvd.

3. Mailing Address

5901 Sun Blvd.

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City &amp; State

St. Petersburg, FL

City &amp; State

St. Petersburg, FL

4. FEI Number

59-3618337

Applied For

Not Applicable

Zip

33715

Country

Pinellas

Zip

33715

Country

Pinellas

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

DAYHOFF, CHARLES S III  
3830 TAMPA RD, SUITE 150  
CORNERSTONE CENTRE  
PALM HARBOR FL 34684

Name

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

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, 2001 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	<input type="checkbox"/> Delete
PST HADDEN, PAM 754 PINELLAS BAYWAY TIERRA VERDE FL 33715	<input type="checkbox"/>
V LANGLEY, MARK 754 PINELLAS PARKWAY TIERRA VERDE FL 33715	<input type="checkbox"/>
D COSSAIRT, JEFF 754 PINELLAS PARKWAY TIERRA VERDE FL 33715	<input checked="" type="checkbox"/>
<input type="checkbox"/> Delete	<input type="checkbox"/>
<input type="checkbox"/> Delete	<input type="checkbox"/>
<input type="checkbox"/> Delete	<input type="checkbox"/>

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)