

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90100 002 ***150.00

DOCUMENT # P96000012426

1. Entity Name
CLASS - A POOLS & SPAS, INC.

Principal Place of Business Mailing Address
PO BOX 350814 PO BOX 350814
PALM COAST FL 32137 PALM COAST FL 32137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
13 Utility Dr. PALM
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Palm Coast, FL. FL.
 Zip Country Zip Country
32137 32135

4. FEI Number Applied For
59-3360125 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMARAL, ANTONIO
1 FLORIDA PARK DR.
SUITE 110
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 Name
Antonio Amaral Jr.
 Street Address (P.O. Box Number is Not Acceptable)
13 Utility Dr.
 City
Palm Coast, FL Zip Code
32137

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMARAL, ANTHONY JR. PO BOX 350814 PALM COAST FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMARAL, ANTHONY SR. 2 CENTRAL PL PALM COAST FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMARAL, MARIA 2 CENTRAL PL PALM COAST FL	<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
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	PD Amaral, Antonio JR. 13 Utility Dr. Palm Coast, FL. 32137.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Amaral, Antonio SR. P.O. Box 350814 Palm Coast, FL. 32135-0814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Amaral, Maria P.O. Box 350814 Palm Coast, FL. 32135-0814	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: _____ Date: **01/07/02.** Daytime Phone #: **386-446-3335.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)