2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME BE SIGNING OFFICER

Apr 18, 2002 8:00 am Secretary of State **DOCUMENT #** 351860 1. Entity Name 04-18-2002 90348 003 ***150.00 CENTRAL FLORIDA SWIMMING POOLS, INC. Principal Place of Business Mailing Address 506 SOUTH MAGNOLIA AVENUE 506 SOUTH MAGNOLIA AVENUE B0070948 OCALA FL 34474 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1273808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7.-Name and Address of New Registered Agent Name GEORGE E VAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 506 SO. MAGNOLIA AVE. OCALA FL 34474 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F Change ☐ Addition NAME VAZQUEZ, GEORGE E. NAME STREET ADDRESS 1717 NE 38TH AVE. STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition vazquez, kenneth m NAME NAME STREET ADDRESS 5338 NE 23RD AVE. STREET ADDRESS CITY-ST-7IP OCALA FL CITY-ST-ZIP TITLE Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 on usee expected 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.

4-9-02 352 629-770 Date Daytime Phone #