

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90122 012 ***150.00

DOCUMENT # 402277

1. Entity Name
C.F. POOL SUPPLIES, INC

601389



DO NOT WRITE IN THIS SPACE

Principal Place of Business 468 RIDGEWOOD AVE HOLLY HILL FL 32117 US	Mailing Address 468 RIDGEWOOD AVE HOLLY HILL FL 32117-4422 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number 59-1402343	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNAGAN, WALTER B-
1141 SP. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: **WALTER FOSTER III P.A.**
 Street Address (P.O. Box Number is Not Acceptable):
315 SOUTH PALMETTO AVE
 City: **DAYTONA** FL Zip Code: **32114**

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]* **WALTER E. FOSTER III** DATE: **1/10/00**
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, 2000 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 EDEN, JEANNE A 13 FERNERY TRAIL ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDEN, CALVIN D 311 RIVERSIDE DR HOLLY HILL FL 32117	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President Director Calvin D. Eden 466 Ridgewood Ave. Holly Hill, FL 32117	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice-President Jacalyn Johnson 1049 Live Oak Ave. Daytona Beach, FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Secy. / Treasurer James Calvin Eden 7 Wilderness Run Flagler Beach, FL 32136	<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: *[Signature]* **Calvin D. Eden** DATE: **1/4/00** DAYTIME PHONE #: **904-255-0917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)