## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 654488**

Entity Name: FLORIDA POOL PRODUCTS, INC.

FILED Apr 23, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
14480 62N CLEARWA	D ST. NO. ATER, FL 33760					
Current Mailing Address:			New Mailing Address:			
P O BOX 6 CLEARWA	025 ATER, FL 33758	US				
FEI Number:	59-2096824	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MCLEAD, KAREN S 14480 62ND STREET NORTH CLEARWATER, FL 33760 US						
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.						
SIGNATUR	RE:					
	Electronic	Signature of Registered Agent		Date		
•	-	atisfy its Intangible Tax filing requirer	ment and elects to d	o so (X).		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEOD () D THOMAS, FRED A 14480 - 62ND ST CLEARWATER, F	A N.	Title: Name: Address: City-St-Zip:	C/D (X) Change ( ) Addition THOMAS, FRED A 14480 - 62ND ST. N. CLEARWATER, FL 33760		
Title: Name: Address: City-St-Zip:	S () D MCLEAD, KAREN 14480 62ND ST N CLEARWATER, F	I	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VD () D THOMAS, JOHN 0 14480 62ND ST. I CLEARWATER, F	N.	Title: Name: Address: City-St-Zip:	V/D (X) Change ( ) Addition THOMAS, JOHN C 14480 62ND ST. N. CLEARWATER, FL 33760		
Title: Name: Address: City-St-Zip:	PTD () D EISCH, JAMES P 14480 62ND ST. CLEARWATER, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	D () D DOE, JANET THO 919 POWELL CT COSTA MESA, CA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN S. MCLEAD S 04/23/2002