# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 26, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# F48273

**Entity Name:** DIXIE BLUE POOLS, INC.

**Current Principal Place of Business:**

CLARENCE M COCHRANE
1103 N.E. 118TH ST
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

CLARENCE M COCHRANE
1103 N.E. 118TH ST
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number: 59-2120720** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COCHRANE, CLARENCE M
1103 N.E. 118TH ST
NORTH MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: COCHRANE, CLARENCE M,
Address: 1103 N E 118TH ST
City-St-Zip: NORTH MIAMI, FL 00000,

Title: T ( ) Delete
Name: COCHRANE, MARY,
Address: 1103 NE 118 ST.
City-St-Zip: NORTH MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: COCHRANE, CLARENCE M,
Address: 1103 N E 118TH ST
City-St-Zip: NORTH MIAMI, FL 00000, FL 33161 US

Title: T (X) Change ( ) Addition
Name: COCHRANE, MARY,
Address: 1103 NE 118 ST.
City-St-Zip: NORTH MIAMI, FL 33161 US

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: CLARENCE M. COCHRANE DP 04/26/2002

Electronic Signature of Signing Officer or Director — Date