

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0047943 AT

DOCUMENT # F97000003590

1. Entity Name
ANTHONY AND SYLVAN POOLS CORPORATION



APPROVED
AND
FILED

03 SEP -9 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
MT VERNON SQUAR STE 300
6690 BETA DRIVE
CLEVELAND OH 44143

Mailing Address
6690 BETA DR
MT VERNON SO
CLEVELAND OH 44143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MAYFIELD VILLAGE, OHIO

City & State
MAYFIELD VILLAGE, OHIO

Zip
44143

Country
US

Zip
44143

Country
US

4. FEI Number 31-1522456

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALDIN, THOMAS B
6690 BETA DRIVE STE 300
CLEVELAND OH 44143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500022885665
09/09/03--01066--022 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
NEIDUS, STUART D
6690 BETA DRIVE STE 300
CLEVELAND OH 44143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JORGENSEN, MARY ANN
6690 BETA DRIVE
CLEVELAND OH 44143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
DEGNAN, MARTIN J
6690 BETA DRIVE
MAYFIELD VILLAGE OH 44143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/3/03

440-720-3301

CR2E034 (10/02)