

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K09849**

1. Entity Name  
**4-H POOL CREATIONS, INC.**



Principal Place of Business  
**4500 SHANNON LAKES WEST  
UNIT #17  
TALLAHASSEE FL 32309**

Mailing Address  
**4500 SHANNON LAKES WEST  
UNIT #17  
TALLAHASSEE FL 32309**

2. Principal Place of Business  
**3019 SHANNON LAKES NORTH  
SUITE 204**

3. Mailing Address  
**3019 SHANNON LAKES NORTH  
SUITE 204**

Suite, Apt. #, etc.  
**TALLAHASSEE, FLORIDA**

Suite, Apt. #, etc.  
**TALLAHASSEE, FLORIDA**

City & State  
**32309**

Country  
**USA**

Zip  
**32309**

Country  
**USA**

4. FEI Number **59-2866439**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIGAN, JOHN M  
2613 OXBOTTOM ROAD  
TALLAHASSEE FL 32312**

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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
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	<b>P HARRIGAN, JIM 6520 SPICEWOOD DR. TALLAHASSEE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HARRIGAN, CAROLE A 2613 OXBOTTOM ROAD TALLAHASSEE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARRIGAN, JOHN 2613 OXBOTTOM ROAD TALLAHASSEE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/31/03**

**850-894-9841**

Daytime Phone #

CR2E034 (4/03)

TOPPA  
AV