

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90291 036 \*\*\*550.00

**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, Apt. #, etc.  
SUITE 204**

3. Mailing Address  
**3019 SHANNON LAKES NORTH  
SUITE, Apt. #, etc.  
SUITE 204**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**TALLAHASSEE, FLORIDA**  
Zip  
**32309** Country  
**USA**

City & State  
**TALLAHASSEE, FLORIDA**  
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

7. Name and Address of New 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 \_\_\_\_\_ (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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIGAN, JIM</b>	
STREET ADDRESS	<b>6520 SPICEWOOD DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIGAN, CAROLE A</b>	
STREET ADDRESS	<b>2613 OXBOTTOM ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIGAN, JOHN</b>	
STREET ADDRESS	<b>2613 OXBOTTOM ROAD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **JOHN M. HARRIGAN** **7/31/03** **850-894-9841**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (4/03)