

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

FILED

03 APR -4 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # K15337</b>					
1. Entity Name <b>CLASSIC POOLS OF THE PALM BEACHES, INC.</b>					
Principal Place of Business 1288 W. CAMINO REAL BOCA RATON, FL 33486			Mailing Address 1288 W CAMINO REAL BOCA RATON, FL 33486		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0045926</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PERHAM, ROBERT F. 1288 W CAMINO REAL BOCA RATON, FL 33482			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)</small>					
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERHAM, ROBERT F.		NAME	Jonathan Castillo	
STREET ADDRESS	1288 W CAMINO REAL		STREET ADDRESS	319 ASBURY WAY	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	BOCA RATON BEACH, FL 33426	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERHAM, ROBERT A		NAME		
STREET ADDRESS	1200 W. CAMINO REAL		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, WEIDENBENNER T		NAME		
STREET ADDRESS	1258 BEAD RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33404		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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:			3/28/03 (561) 702-3260		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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