

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90484 001 ***150.00

DOCUMENT # K46927

1. Entity Name

SWIMMING POOL SPECIALISTS, INC.



Principal Place of Business

Mailing Address

9445 CRAVEN ROAD

9445 CRAVEN ROAD

JACKSONVILLE FL 32256

JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2919840

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

DANIEL, THERESA

11063 READING RD

JACKSONVILLE FL 32257

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 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------------------------|----------------|-------------|-------|---------------------------------|-----------------------------------|-------------|
| | DPT | | | | | | |
| | VAUGHN, MARK | | | | | | |
| | 11063 READING RD | | | | | | |
| | JACKSONVILLE FL | | | | | | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | S | | | | | | |
| | DANIEL, THERESA | | | | | | |
| | 11063 READING RD. | | | | | | |
| | JACKSONVILLE FL | | | | | | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | VP | | | | | | |
| | VAUGHN, JEANNE | | | | | | |
| | 11063 READING RD. | | | | | | |
| | JACKSONVILLE FL | | | | | | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | S | | | | | | |
| | SUMMERS, JESSE E | | | | | | |
| | 4741 ATLANTIC BLVD STE 4B | | | | | | |
| | JACKSONVILLE FL 32207 | | | | | | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | | | | | | | |
| | <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| | | | | | | | |
| | <input type="checkbox"/> Delete | | | | <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 REQUIRED

15 January 2003

904-731-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark E. Vaughn

Date

Daytime Phone #

CR2E034 (10/02)