

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90344 009 ***150.00

DOCUMENT # K72392

1. Entity Name
POOLS UNLIMITED, INC.

Principal Place of Business

Mailing Address

~~1067 N LENNA AVE
 SEFFNER FL 33584
 US~~

P O BOX 2775
 BRANDON FL 33509-2775
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10,003 KENDA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Riverview FLA.

City & State

4. FEI Number **59-2940291**

Applied For

Not Applicable

Zip **33569**

Country **U.S.**

Zip Country

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

MCCANDLESS, RANDALL T.

~~1007 N LENNA AVE
 SEFFNER FL 33584~~

Name **MCCANDLESS RANDALL T**

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

10,003 KENDA DR.

City **Riverview**

FL

Zip Code **33569**

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.

SIGNATURE *Randall T. McCandless* **President RANDALL T. MCCANDLESS** 4/24/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **MCCANDLESS, RANDALL T.**
 STREET ADDRESS ~~1007 N LENNA AVE~~
 CITY-ST-ZIP ~~SEFFNER FL 33584~~

TITLE Change Addition
 NAME **MCCANDLESS RANDALL T.**
 STREET ADDRESS **10,003 KENDA DR.**
 CITY-ST-ZIP **Riverview, FLA. 33569**

TITLE **D** Delete
 NAME **MCCANDLESS, WINIFRED R.**
 STREET ADDRESS ~~1007 N LENNA AVE~~
 CITY-ST-ZIP ~~SEFFNER FL 33584~~

TITLE Change Addition
 NAME **MCCANDLESS Winifred R.**
 STREET ADDRESS **10,003 KENDA DR.**
 CITY-ST-ZIP **Riverview, FLA 33569**

TITLE **D** Delete
 NAME **MCMAHON, ETTIE LOUISE**
 STREET ADDRESS **936 BENNINGTON DRIVE**
 CITY-ST-ZIP **BRANDON FL**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Randall T. McCandless* **President** 4/24/00 **813-689-7665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RANDALL T. MCCANDLESS PRESIDENT

CR2E034 19/99