

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91351 004 \*\*\*150.00

**DOCUMENT #** K88379  
1. Entity Name  
TIDAL POOL & PATIO, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5404 N.W. 49th Way  
Suite, Apt. #, etc.

3. Mailing Address  
5404 N.W. 49th Way  
Suite, Apt. #, etc.

City & State  
Talamac, FL  
Zip  
33319  
Country  
USA

City & State  
Tamarac, FL  
Zip  
33319  
Country  
USA

4. FEI Number  
65-0137310  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
Name  
FONDA, RONALD J.  
Street Address (P.O. Box Number is Not Acceptable)  
5404 N.W. 49th Way  
City  
Tamarac  
FL  
Zip Code  
33319

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 \* *R. J. Fonda* DATE 4/30/02  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONDA, RONALD J. 5404 N.W. 49th Way Tamarac, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \* *R. J. Fonda* 04/30/02 954-748-3461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)