# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 17, 2002 8:00 am**
**Secretary of State**
04-17-2002 90117 019 ***150.00

DOCUMENT # L00162

1. Entity Name
Klearwater Pool + Spas, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 10493 Steven Dr. | 10493 Steven Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Polk City, FL | City & State: Polk City, FL |
| Zip: 33868 Country: USA | Zip: 33868 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0140594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: Kevin mathern

Street Address (P.O. Box Number is Not Acceptable): 10493 steven Dr.

City: Polk City **FL** Zip Code: 33868

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 _____
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) ☑

**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 | President | TITLE | |
| NAME | Kevin mathern | NAME | |
| STREET ADDRESS | 10493 steven Dr. | STREET ADDRESS | |
| CITY-ST-ZIP | Polk City, Fl 33868 | CITY-ST-ZIP | |
| TITLE | Vice-President | TITLE | |
| NAME | Kevin mathern | NAME | |
| STREET ADDRESS | 10493 steven Dr. | STREET ADDRESS | |
| CITY-ST-ZIP | Polk City, Fl 33868 | CITY-ST-ZIP | |
| TITLE | Secretary | TITLE | |
| NAME | Susan mathern | NAME | |
| STREET ADDRESS | 10493 steven Dr. | STREET ADDRESS | |
| CITY-ST-ZIP | Polk City, Fl 33868 | CITY-ST-ZIP | |
| TITLE | Treasury | TITLE | |
| NAME | Susan mathern | NAME | |
| STREET ADDRESS | 10493 steven Dr. | STREET ADDRESS | |
| CITY-ST-ZIP | Polk City, Fl 33868 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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:** Kevin Mathern 4-3-02 863 984 0092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #