


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90119 022 \*\*\*\*50.00

DOCUMENT # <b>204000018126</b>	
1. Entity Name Vista Pools, LLC	

**DO NOT WRITE IN THIS SPACE**

**14017794**

2. Principal Place of Business 334 Wekiva Cove Road Suite, Apt. #, etc.	3. Mailing Address 522 S. Hunt Club Blvd. #315 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Longwood	City & State Apopka	4. FEI Number 200838972	Applied For Not Applicable
Zip 32779	Country Seminole	Zip 32703	Country Orange
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name Richard M. Ross	
	Street Address (P.O. Box Number is Not Acceptable) 334 Wekiva Cove Road	
	City Longwood	FL Zip Code 32779


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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Richard Ross 334 Wekiva Cove Road Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rae E. Ross 334 Wekiva Cove Road Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **5-5-05 407-865-5884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)