

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90164 007 ***150.00

DOCUMENT # L43661

1. Entity Name
POOLS BY JOHN CLARKSON, INC.



Principal Place of Business
6054-3 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Mailing Address
6054-3 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

600 St. Johns Bluff Rd N
Suite, Apt. #, etc.

600 St. Johns Bluff Rd N
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32225

Country
Dual

Zip
32225

Country
Dual



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2984930

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

CLARKSON, JOHN S.
6054-3 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211

Name
Clarkson, John S
Street Address (P.O. Box Number is Not Acceptable)
600 St. Johns Bluff Rd N
City
Jacksonville **FL** **Zip Code**
32225

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
DP
CLARKSON, JOHN S.
6054-3 ARLINGTON EXPWAY
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Clarkson, John S
600 St. Johns Bluff Rd N
Jacksonville, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLARKSON, JUDITH J.
6054-3 ARLINGTON EXPWAY
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Clarkson, Judith J
600 St. Johns Bluff Rd N
Jacksonville, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)