

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90455 050 ***150.00

DOCUMENT # M34252

1. Entity Name
FLORIDA SUNSHINE POOLS, INC.

Principal Place of Business
P.O. BOX 456
BOCA RATON FL 33429

Mailing Address
P.O. BOX 456
BOCA RATON FL 33429



2. Principal Place of Business
P.O. Box 1230
 Suite, Apt. #, etc
Palm City
 City & State
FL

3. Mailing Address
P.O. Box 1230
 Suite, Apt. #, etc
Palm City FL
 City & State
34991

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2752120** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LANDELL, DONNA
6125 N.W. 77TH PL
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2285 Sw Dove Canyon Way
Palm City FL 34990
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	LANDELL, DAVID	Change	Landell, David
6125 N.W. 77TH PL	BOCA RATON FL	2285 Sw Dove canyon way	Palm City, FL 34990
D	LANDELL, DONNA	Change	Landell, Donna
6125 N.W. 77TH PL	BOCA RATON FL	2285 Sw Dove Canyon Way	Palm-City, FL 34990

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: Donna M Landell **REQUIRED** **4-29-02** **772-463-4007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)