

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90088

1. Entity Name  
AURORA POOLS AND SPAS, INC.

Principal Place of Business  
2145 STOCKMAN ROAD  
NEW PORT RICHEY FL 34655  
US

Mailing Address  
2145 STOCKMAN  
NEW PORT RICHEY FL 34655  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2905321

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

WALTER, JOHN A. JR.  
2145 STOCKMAN ROAD  
NEW PORT RICHEY FL 34655

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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

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) ☐

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE DPST  
NAME WALTER, JOHN A. JR.  
STREET ADDRESS 2145 STOCKMAN ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE DV  
NAME Bragg, Ginger E.  
STREET ADDRESS 3321 Jarvis Street  
CITY-ST-ZIP Holiday, Florida 34690 ☐ Change ☒ Addition

TITLE DV  
NAME WALTER, JOHN A III  
STREET ADDRESS 2145 STOCKMAN ROAD  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED  
Sep 20, 2001 8:00 am  
Secretary of State

09-20-2001 90001 026 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

0128758 AT

CR2E034 (5/01)

9-11-01

*[Signature]*