

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90178 002 ****61.25

DOCUMENT # N29827

1. Entity Name

TAMPA BAY CHAPTER-NATIONAL SPA & POOL INSTITUTE INC.

Principal Place of Business

Mailing Address

PO BOX 15062
 TAMPA FL 33684-5026

PO BOX 15062
 TAMPA FL 33684-5026

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

59-6933797

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

COX, ELEANOR
2347 FERN PLACE
TAMPA FL 33604

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MANNING, JAMES | |
| STREET ADDRESS | 16537 LAKE BRIGADEN CIRCLE | |
| CITY-ST-ZIP | TAMPA FL 33618 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | LANGFORD, BARBARA | |
| STREET ADDRESS | 1210 COMMUNITY PL | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZVIRBLIS, ANN | |
| STREET ADDRESS | 305 DUQUE ROAD | |
| CITY-ST-ZIP | LUTZ FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZEIGLER, JOYCE | |
| STREET ADDRESS | 7252 ALAFIA RIDGE LOOP | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MARQUIS, ANNIE | |
| STREET ADDRESS | 2347 BENNETT ROAD | |
| CITY-ST-ZIP | PLANT CITY FL 33565 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (9/01)

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 617, 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]* **President** Date: **4/15/02** Daytime Phone #: **(813) 936-2223**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #