

2001 UNIFORM BUSINESS REPORT (UBR)

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

UBR034/12

DOCUMENT # P00000000591

1. Entity Name
CRYSTAL BLUE POOLS, INC.

03-20-2001 90067 050 ***150.00

Principal Place of Business Mailing Address
3618 MOONVINE COURT 3618 MOONVINE COURT
WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406

2. Principal Place of Business 3. Mailing Address
6884 152nd Dn N 6884 152nd Dn N
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Palm Beach Gardens Plm Bch Gardens 65-0988573 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33418 USA 33418 USA Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORGINI, ROBERT C
300 NORTH FEDERAL HIGHWAY
LAKE WORTH FL 33460

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

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, 2001 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

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEVENS, JAMES W | |
| STREET ADDRESS | 3618 MOONVINE COURT | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------------|--|
| TITLE | PRESIDENT/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVENS, JAMES W | |
| STREET ADDRESS | 6884 152nd Dn N | |
| CITY-ST-ZIP | Plm Bch Gardens FL 33418 | |
| TITLE | Secy/TREASURER/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEVENS, DONNA | |
| STREET ADDRESS | 6884 152nd Dn N | |
| CITY-ST-ZIP | Palm Bch Gardens FL 33418 | |
| TITLE | Vice President/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEVENS, STEPHANIE | |
| STREET ADDRESS | 19141 SE Cirrus Dr | |
| CITY-ST-ZIP | Tequesta FL 33469-0000 | |
| TITLE | | <input 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 | | |

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 Stevens (DONNA STEVENS) Date: 3/17/01 Daytime Phone #: (904) 741-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secy/TRES/DIRECTOR

CR2E034 (10/00)