2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90068 025 ***150.00

DOCUMENT # P00000027888

1. Entity Name
SPLISH SPLASH POOLS SUPPLIES, INC.

Principal Place of Business	Mailing Address
1930 U.S. 19 N. PAPPAS PLAZA HOLIDAY FL 34691	1930 U.S. 19 N. PAPPAS PLAZA HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

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 59-3633077 ☐ 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
~~STABILE, PASQUALE M~~ CUSENZA SALVATOR 1930 U.S. 19 N. PAPPAS PLAZA HOLIDAY FL 34691	Name: CUSENZA SALVATOR. Street Address (P.O. Box Number is Not Acceptable): 1930 US 19 N PAPPAS PLAZA. City: HOLIDAY FL Zip Code: 34691

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: SALVATOR CUSENZA — Salvator Cusenza. — 2-27-01
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STABILE, CHRISTOPHER P 1930 U.S. 19 N. PAPPAS PLAZA HOLIDAY FL 34691	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STABILE, PASQUALE M 2431 FIELDCREST CT. HOLIDAY FL 34691	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP TREASURER STABILE PASQUALE M 2431 FIELD CREST CT HOLIDAY, FL 34691	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STABILE, DONNA 2431 FIELDCREST CT. HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VICE PRESIDENT STABILE DONNA. 2431 FIELDCREST CT. HOLIDAY FL. 34691	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT. SALVATOR CUSENZA. 2431 PINETTA CT. HOLIDAY FL. 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PRESIDENT. CUSENZA SALVATOR 2431 PINETTA CT. HOLIDAY FL. 34691	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

CR2E034 (10/00)

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.

2-27-01 727-945-0668

SIGNATURE: X Salvator Cusenza.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #