

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000027888

FILED  
Mar 04, 2003  
Secretary of State

Entity Name: SPLISH SPLASH POOLS SUPPLIES, INC.

## Current Principal Place of Business:

1930 U.S. 19 N. PAPPAS PLAZA  
HOLIDAY, FL 34691

## New Principal Place of Business:

## Current Mailing Address:

1930 U.S. 19 N. PAPPAS PLAZA  
HOLIDAY, FL 34691

## New Mailing Address:

FEI Number: 59-3633077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SALVATOR, CUSENZA  
1930 U.S. 19 N. PAPPAS PLAZA  
HOLIDAY, FL 34691

## Name and Address of New Registered Agent:

ROSARIO, STABILE  
1930 U.S. 19 N. PAPPAS PLAZA  
HOLIDAY, FL 34691

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: ROSARIO STABILE

03/04/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALVATOR, CUSENZA  
Address: 2431 PINETTA COURT  
City-St-Zip: HOLIDAY, FL 34691

Title: T ( ) Delete  
Name: STABILE, PASQUALE M  
Address: 2431 FIELDCREST CT.  
City-St-Zip: HOLIDAY, FL 34691

Title: VP ( ) Delete  
Name: STABILE, DONNA  
Address: 2431 FIELDCREST CT.  
City-St-Zip: HOLIDAY, FL 34691

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: STABILE, ROSARIO  
Address: 8019 EMBASSY BOULEVARD  
City-St-Zip: PORT RICHEY, FL 34668

Title: T (X) Change ( ) Addition  
Name: CUSENZA, SALVATORE  
Address: 2431 PINETTA COURT  
City-St-Zip: HOLIDAY, FL 34691

Title: VP (X) Change ( ) Addition  
Name: STABILE, LISA M  
Address: 13793 CORONADO DRIVE  
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSARIO STABILE

P

03/04/2003

Electronic Signature of Signing Officer or Director

Date