

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90184 011 ***150.00

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DOCUMENT # P00000036642

1. Entity Name
CLEAR-WATER POOL MAINTENANCE, INC.

U0035340



DO NOT WRITE IN THIS SPACE

Principal Place of Business **846 N. LAFAYETTE WAY INVERNESS FL 34433**
 Mailing Address **846 N. LAFAYETTE WAY INVERNESS FL 34453**

2. Principal Place of Business **2200 N BRENTWOOD CIRC**
 Suite, Apt. #, etc.

3. Mailing Address **2200 N BRENTWOOD CIRC**
 Suite, Apt. #, etc.

City & State **LECANTO FL** City & State **LECANTO FL** 4. FEI Number **59-3649721** Applied For Not Applicable

Zip **34461** Country Country **34461** 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

CANFIELD, FERN
~~846 N. LAFAYETTE WAY~~ **2200 N BRENTWOOD CIRC**
~~INVERNESS FL 34453~~ **LECANTO FL 34461**

Name
 Street Address (P.O. Box Number is Not Acceptable) **2200 N BRENTWOOD CIRC**
 City **LECANTO FL** Zip Code **34461**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANFIELD, RICHARD O		NAME	
STREET ADDRESS 846 N. LAFAYETTE WAY		STREET ADDRESS 2200 N BRENTWOOD CIRC	
CITY-ST-ZIP INVERNESS FL 34453		CITY-ST-ZIP LECANTO FL 34461	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANFIELD, WAYNE R		NAME	
STREET ADDRESS 1471 E. ST. JAMES LOOP		STREET ADDRESS 7712 N POLOND DR	
CITY-ST-ZIP INVERNESS FL 34453		CITY-ST-ZIP INVERNESS FL 34450	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Richard Canfield* **RICHARD CANFIELD** 4/4/2001 352-746-3298
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)