## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)					FILED Jan 30, 2002 8:00 am					
DOCUMENT # P0000069721					Secretar	v of	St.	v am sta		
POOLS, I	PATIOS AND MORE, INC.				01-30-2002 90					
Principal Place of Business 330 WEST SUGARLAND HWY #6 CLEWISTON FL 33440		Mailing Address 330 WEST SUGARLAND HWY #6 CLEWISTON FL 33440						(*111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111   111		
// <b>3</b> / Suite, Apt.		3. Mailing Address //3 N FRI Suite, Apt. #, etc.	113 N. FRANCISCO		DO NOT WRITE IN THIS SPACE					
City & Stat		City & State		4. FEI	Number <b>65-1037318</b>	<u>.</u>		plied For	]	
Zip	Country	CLEWIS TO	Country HENDRY	5. Cer			.75 Ada Require		1	
334	6. Name and Address of Current Re	<u> </u>	NEWDRY	7 Nan	ne and Address of New Regis			<u> </u>	-	
	o. Hallo allo House of Callering	g.c.c.	Name		•				1	
HENDRY, JOSEPH M II 606 WEST SUGARLAND HWY CLEWISTON FL 33440			Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
									]	
			City			FL	Zip Code	e		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			Registered Agent signature requirements I FEE IS \$150.00 2 Fee will be \$550.0 e to Department of \$	0	ating)  10. Election Campaign Financi  Trust Fund Contribution.	DATE ng		May Be	-	
11.	OFFICERS AND DI	RECTORS	12.	ADDI	TONS/CHANGES TO OFFICER	S AND DI	RECTORS	S IN 11	_ ا	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABEL, JOANNE M 111 RIDGEWOOD AVE CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	DE024 (0/04	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, LORI 361 KILPATRICK LOOP CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	2	
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		
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TITLE		☐ Delete	TITLE		÷		Change	☐ Addition	1	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					T		

13. Thereby 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:  $\subseteq$ 

1-10.02 863-983.5474 Date Daytime Phone #