

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90037 012 \*\*\*150.00

UNIFORM BUSINESS REPORT 34

**DOCUMENT # P00000072822**

1. Entity Name  
**VILLA POOLS, INC.**

Principal Place of Business      Mailing Address

**4414 DELPRADO BOULEVARD**      **4414 DELPRADO BOULEVARD**  
**CAPE CORAL FL 33904**      **CAPE CORAL FL 33904**

2. Principal Place of Business      3. Mailing Address

**3030 DEL PRADO BLVD.S.**      **SAME**

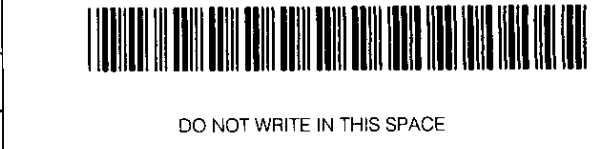
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**CAPE CORAL, FL**      **CAPE CORAL, FL**

Zip      Country      Zip      Country

**33904**      **LEE**



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

4. FEI Number      Applied For

**65-1028183**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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: *[Signature]*      *GARY HOWE*      *PRESIDENT*      *1/15/02*  
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, 2002 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	<b>PSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWE, GARY L</b>	NAME	
STREET ADDRESS	<del><b>4414 DELPRADO BOULEVARD</b></del>	STREET ADDRESS	<b>3030 DEL PRADO BLVD.S.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWE, JANICE</b>	NAME	
STREET ADDRESS	<del><b>4414 DELPRADO BOULEVARD</b></del>	STREET ADDRESS	<b>3030 DEL PRADO BLVD.S.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	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	
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: *[Signature]*      *GARY HOWE*      *1/15/02*      *(941)940-4320*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)