2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

LAKELAND FL 33815

P00000077736

Mailing Address

LAKELAND FL 33815

1543 WEST MEMORIAL BOULEVARD

1. Entity Name SUN-GLO POOLS, INC.

1543 WEST MEMORIAL BOULEVARD



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90088 024 ***150.00

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1543 W MEMORIAL BLVO LAKELAND FL 33815					Name					
1543 W MEMORIAL BLVO LAKELAND FL 33815	SABOURIN	I. BRUCE W	-	Stroot Address (P.O. Box Number is Not Acceptable)						
EAKELAND FL 33815 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegators of registered agent age					Street Address (1.0. Box Namber 15 Net 7 Gospital 67					
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8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florda. I am familiar with, and accept the collegations of registered agent. SIGNATURE SIGNATURE SUBMIT FREE IS \$150.00	DAVEDAME	<u> </u>	Zin Code							
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FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10.		_					·			
## PILE NOW!!! FEE IS \$150.00 ### May 1, 2003 Fee will be \$550.00	SIGNATURE .	Signature, himed or printed name of registers	and agent and title if applicable.	NOTE: Registered	Agent signature rec	quired when rei	instating) DAT	E		
Make Check Payable to Florida Department of State Trust Fund Contribution Added to Fees				<u> </u>					-	
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		certify that the information suppl	lied with this filing does not qualif	fy for the exe	mption stated	in Section	119.07(3)(i), Florida Statutes. I further	r certify that the	e information	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Winkle

863-683-3852