AMENDED

09-17-2002 90101 033 ****61.25

FILED P00000081941

02 SEP 23 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081941

1. Entity Name
Accent Pools and Spas, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1254 S. John Young Pkwy	1254 S. John Young Pkwy
Suite, Apt. #, etc.: Ste. G	Suite, Apt. #, etc.: Ste. G
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593667479 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Brian Archer

Street Address (P.O. Box Number is Not Acceptable): 1254 S. John Young Pkwy, Ste. G

City: Kissimmee FL Zip Code: 34741

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

If January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	D/P/S
NAME	Brian Archer
STREET ADDRESS	1254 S. John Young Pkwy, Ste. G
CITY-ST-ZIP	~~Kissimmee, FL 34741~~
TITLE	V/T
NAME	Liane Archer
STREET ADDRESS	1254 S. John Young Pkwy, Ste. G
CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

8/19/02

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/15/02 4079080325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #