

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90202 001 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000093221															
1. Entity Name JAMES HANNON POOL SERVICES, INC.															
Principal Place of Business 2213 SE 4TH STREET CAPE CORAL FL 33990		Mailing Address 2213 SE 4TH STREET CAPE CORAL FL 33990													
2. Principal Place of Business		3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.													
City & State		City & State													
Zip	Country	Zip	Country												
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent													
HANNON, AMBER 2213 SE 4TH STREET CAPE CORAL FL 33990		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 <u><i>[Signature]</i></u> DATE <u>4-26-02</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		11. OFFICERS AND DIRECTORS													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE D NAME HANNON, AMBER STREET ADDRESS 2213 SE 4TH STREET CITY-ST-ZIP CAPE CORAL FL 33990 </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE D NAME HANNON, JAMES STREET ADDRESS 2213 SE 4TH STREET CITY-ST-ZIP CAPE CORAL FL 33990 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE D NAME HANNON, AMBER STREET ADDRESS 2213 SE 4TH STREET CITY-ST-ZIP CAPE CORAL FL 33990	<input type="checkbox"/> Delete	TITLE D NAME HANNON, JAMES STREET ADDRESS 2213 SE 4TH STREET CITY-ST-ZIP CAPE CORAL FL 33990	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-26-02 941-574-7005 <small>Date Daytime Phone #</small>													

CR2E034 (9/01)