


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90709 031 \*\*\*150.00

<b>DOCUMENT #</b> P00000094641	
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<b>1. Entity Name</b> POOL WORKS, INC.	<b>Principal Place of Business</b> 36422 GLENWOOD CIRCLE EUSTIS FL 32736	<b>Mailing Address</b> 36422 GLENWOOD CIRCLE EUSTIS FL 32736
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<b>2. Principal Place of Business</b> 4800 Hwy 19A Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4800 Hwy 19A Suite, Apt. #, etc.
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<b>City &amp; State</b> Mount Dora FL	<b>City &amp; State</b> Mount Dora FL
<b>Zip</b> 32757	<b>Country</b> Lake
<b>Zip</b> 32757	<b>Country</b> Lake

<b>4. FEI Number</b> 59-3676269	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BROWN, ANGELA 36422 GLENWOOD CIRCLE EUSTIS FL 32736	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>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. I am familiar with, and accept the obligations of registered agent.</b>  SIGNATURE <i>Angela Brown</i> (NOTE: Registered Agent signature required when reinstating) DATE 3/14/03
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANGELA 36422 GLENWOOD CIRCLE EUSTIS FL 32736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, BRADLEY P 36422 GLENWOOD CIRCLE EUSTIS FL 32736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>  SIGNATURE <i>Angela Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 3/14/03 Daytime Phone # 589-2449
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CR20034 (10/02)