FILED

FOR PROFIT CORPORATION

UN	IFORM	BUSINE	SS REP	ORT (UBR)		Mar 03				
DOCUMENT # P00000108658 1. Entity Name KEITH PAYNE POOLS, INC.							Secret 03-03-200	ary 01 3 90472 028			
Principal Place of Business 1592 MONTGOMERY AVE HOLLY HILL FL 32117			Mailing Address 1592 MONTGOMERY AVE HOLLY HILL FL 32117								
2. Principal Place of Business 1426 CAROL LEE ST. Suite, Apt. #, etc.			3. Mailing Address 1426 CAROL LEE ST. Suite, Apt. #, etc.			τ.	CHECK HERE IF MAKING CHANGES				
City & Stat	to.		City & State				<u> </u>	E IF MAKING		- Lind Fay	
DAYTON	A BEACH	FL	DAYTONA	BEACH	FL	<u>, </u>	4. FEI Number 59-366757	<u>′6</u>		pplied For ot Applicable	
Zip 32117		USIA	Zip 32117	Coun V O	itry' LusiA		5. Certificate of Status Desired	, D &	8.75 Add ee Require		
	6. Name and Ad	idress of Current Ro	egistered Agent		Name		7. Name and Address of New		jent		
PAYNE, ALAN K JR					P	PAYNE, ALAN K JR Street Address (P.O. Box Number is Not Acceptable)					
1592 MONTGOMERY AVE HOLLY HILL FL 32117					14	ما2	CAROL LEE	STREE	τ		
					City DA	yro	NA BEACH	FL	Zip Code	9	
8. The above the obligat	e named entity submittions of registered ag	Toux >	he purpose of chai	A	ed office or re LAN =K. d Agent signature	egistered PAYN	d agent, or both, in the State of IE JR		miliar with,	and accept	
Áftei Make Checi	ILE NOW!!! FEE r May 1, 2003 Fee k Payable to Florid	will be \$550.00 a Department of S					9. Election Campaign Trust Fund Contribu	~ ~		May Be I to Fees	
10. (3, 4)		OFFICERS AND O		11.			ADDITIONS/CHANGES TO O				
NAME STREET ADDRESS CITY-ST-ZIP	DVTS PAYNE, ALAN K 1592 MONTGOM HOLLY HILL FL:	ery ave	□ Del	nami Stre	E FET ADDRESS	426	JE, ALAN K JE, CAROL LEE ST ONA BEACH, FL	REET	▼ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Del	- NAMA STRE					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Deli	NAME STREE				(☐ Change	Addition	
TITLE NAME STREET ADDRESS	. ↓ jer € 16,71	: . , -	☐ Dele	NAME				[Change	☐ Addition	

12. I hereby certify that the information supplied with this liming 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changes, or only a trachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

_TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

RECALAN K. PAYNE JR

Delete

(386) 255-7665

☐ Change

Addition