

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91892 008 \*\*\*158.75

DOCUMENT # P01000010563

1. Entity Name

DESTINY POOLS, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

241 SW 9th Avenue

3. Mailing Address

241 SW 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE BEACH FL

City & State

HALLANDALE BEACH FL

4. FEI Number

65-1072678

Applied For

Not Applicable

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Slocum, BURTON H.

Street Address (P.O. Box Number is Not Acceptable)

217 NW 42nd Avenue

City PLANTATION

FL

Zip Code  
33317

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☒

P  
Slocum, BURTON H  
217 NW 42nd Avenue  
PLANTATION, FL 33317

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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V.P.  
Frieders, Scott A.  
241 SW 9th Avenue  
HALLANDALE FL 33009

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

Burton H. Slocum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/03

Date

(954) 275-8654

Daytime Phone #

CR2E034B (12/02)