

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90152 025 \*\*\*150.00

**DOCUMENT # P01000020681**

1. Entity Name  
**FLORIDIAN POOLS, INC.**

Principal Place of Business  
**1154 MAGNOLIA AVENUE**  
**DAYTONA BEACH FL 32114**

Mailing Address  
**1154 MAGNOLIA AVENUE**  
**DAYTONA BEACH FL 32114**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5889 AIRPORT ROAD**

3. Mailing Address  
**PO BOX 291289**

Suite, Apt. #, etc.  
**SUITE 1428**

Suite, Apt. #, etc.

City & State  
**PORT ORANGE FL**

City & State  
**PORT ORANGE FL**

4. FEI Number  
**59-3703845**

Applied For  
 Not Applicable

Zip Country  
**32128 USA**

Zip Country  
**32129 USA**

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

## 6. Name and Address of Current Registered Agent

**TOUTOUNCHIAN, HAMID R**  
**1154 MAGNOLIA AVENUE**  
**DAYTONA BEACH FL 32114**

## 7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (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. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
 NAME **TOUTOUNCHIAN, HAMID R**  
 STREET ADDRESS **1154 MAGNOLIA AVENUE**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition  
 NAME **PETER R MINELGA**  
 STREET ADDRESS **5889 AIRPORT RD SUITE 1428**  
 CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
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 CITY-ST-ZIP

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: Hamid R. Toutouchian **Hamid R. Toutouchian** 4/17/02 (386) 527-9787  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)