## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 28, 2002 8:00 am Secretary of State DOCUMENT # P01000032853 1. Entity Name 05-28-2002 91790 016 \*\*\*150.00 JAMAICAN POOLS OF FLORIDA, INC. Principal Place of Business Mailing Address 7731 36TH LANE EAST R0119185 7731 36TH LANE EAST SARASOTA FL 34243 SARASOTA FL 34243 DEPARTMENT OF Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEAL, GARY W Street Address (P.O. Box Number is Not Acceptable) 2070 RINGLING BLVD. SARASOTA FL 34237 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. esident CR2E034 (9/01) TITLE Delete TITLE Addition NAME Mork, steveň m NAME STREET ADDRESS STREET ADDRESS 7731 36TH LANE EAST CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34243 TITLE ☐ Delete TITL F rresident NAME NAME STREET ADDRESS STREET ADDRESS 68 Pine Ranch CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and that

3. 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 thus be 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

941-746-333

Daytime Phone #