

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000067247

FILED
Sep 16, 2002
Secretary of State

Entity Name: ECONOMY POOL, SPA & PATIO, INC.

Current Principal Place of Business:

6290 NW 4TH ST
SUNRISE, FL 33313

New Principal Place of Business:

345-A S STATE ROAD 7
PLANTATION, FL 33317 US

Current Mailing Address:

6290 NW 4TH ST
SUNRISE, FL 33313

New Mailing Address:

PO BOX 8670
FORT LAUDERDALE, FL 33310 US

FEI Number: 01-0622912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, MARIA
6290 NW 4TH ST
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

LEON, MARIA
6290 NW 14TH ST
SUNRISE, FL 33313 US

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: MARIA LEON

09/16/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANT, GEORGIA
Address: 3520 NW 50TH AVE
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Delete
Name: PETTIGREW, GARY
Address: 6290 NW 4TH ST
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: LEON, MARIA
Address: 6290 NW 4TH ST
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: NELSON, DAVID
Address: 6881 NW 24TH CT
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PETTIGREW, GARY
Address: 6290 NW 14TH ST
City-St-Zip: SUNRISE, FL 33313

Title: D (X) Change () Addition
Name: LEON, MARIA
Address: 6290 NW 14TH ST
City-St-Zip: SUNRISE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA LEON

D

09/16/2002

Electronic Signature of Signing Officer or Director

Date