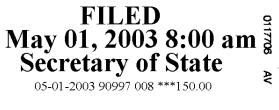
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P01000072894

1. Entity Name



BE COOL	L POOLS, INC.	/							
Principal Place of Business 518 HARBOR PT BLVD ORLANDO FL 32835		Mailing Address 518 HARBOR PT BLVD ORLANDO FL 32835					18118 (811) <b>1</b> 181 (88)		
•	Place of Business <u>Cid Winter Garden R</u> #, etc.	3. Mailing Address  6.3.6. Old Wm Suile, Apt. #, etc.	ter Go	ruden Ros					
Orl						CHECK HERE IF MAKING CHANGES			
	City & State  Or L And c 7   City & State			. 4		<sup>per</sup> 59-3736398	-	Applied For Not Applicable	
		Zin	Coun		E Costillant	e of Status Desired	\$8.75	Additional	
328		32835	j u	<u>5_0</u>			Fee Re		
<del></del> -	6. Name and Address of Curren	t Registered Agent		, Name	7. Name and	d Address of New Regi	stered Agent		
STAKER, JOAN				Na(II:e					
	BOR PT BLVD			Street Address (	P.O. Box Numb	er is Not Acceptable)			
		•		L.—					
ORLANDO FL 32835							·		
	ř			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. I am familiar with, and accept the Chligations of registered agent.									
SIGNATURE									
SIGNATORIE:	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					ection Campaign Financust Fund Contribution.		5.00 May Be Added to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFICE	RS AND DIREC	TORS IN 11	
	D STAKER, ROBERT 518 HARBOR PT BLVD	☐ Delete	8	E Et address			☐ Cha	ange Addition	
CITY-ST-ZIP	ORLANDO FL 32835			ST-ZIP					
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP-	STAKER, JOAN 518 HARBOR PT BLVD						Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>			☐ Cha	inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE		, <u> </u>		[] Cha	inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Cha	nge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wil	Delete	CITY-	ET ADDRESS ST-ZIP	otion 140 07/0	(i) Elected State 400 140	☐ Cha		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOAN SMAKER