

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000079607

FILED  
May 06, 2002 8:00 AM  
Secretary of State

Entity Name: SUPERIOR POOL AND PATIO, INC.

## Current Principal Place of Business:

399 WHITETAIL COVE  
CASSLBERRY, FL 32707

## New Principal Place of Business:

399 WHITETAIL COVE  
CASSELBERRY, FL 32707

## Current Mailing Address:

399 WHITETAIL COVE  
CASSLBERRY, FL 32707

## New Mailing Address:

399 WHITETAIL COVE  
CASSELBERRY, FL 32707

FEI Number: 59-3734878

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLSON, MARK  
399 WHITETAIL COVE  
CASSLBERRY, FL 32707

## Name and Address of New Registered Agent:

OLSON, MARK R P  
399 WHITETAIL COVE  
CASSELBERRY, FL 32707

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: MARK R. OLSON

05/06/2002

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: DPT ( ) Delete  
Name: OLSON, MARK  
Address: 399 WHITETAIL COVE  
City-St-Zip: CASSLBERRY, FL 32707

Title: DV ( ) Delete  
Name: CUCKWORTH, DARRYL B  
Address: 3024 MAY BRY LN  
City-St-Zip: ORLANDO, FL 32822

Title: DS ( ) Delete  
Name: DAVENPORT, JEFFREY P  
Address: 4503 4TH AVE DR E  
City-St-Zip: BRADENTON, FL 34208

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition  
Name: DUCKWORTH, DARRYL B  
Address: 3024 MAY BRY LN  
City-St-Zip: ORLANDO, FL 32822

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: MARK R. OLSON

DPT

05/06/2002

Electronic Signature of Signing Officer or Director

Date