

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90649 029 ***150.00

DOCUMENT # P01000079607

1. Entity Name
SUPERIOR POOL AND PATIO, INC.



Principal Place of Business
399 WHITETAIL COVE
CASSELBERRY FL 32707

Mailing Address
399 WHITETAIL COVE
CASSELBERRY FL 32707



2. Principal Place of Business

3353 US Hwy. 92 E.

Suite, Apt. #, etc.

3. Mailing Address

501 Keene Park Dr. E.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Lakeland, FL

Zip

33801

Country

US

City & State

Largo, FL

Zip

33771

Country

US

4. FEI Number

59-3734878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSON, MARK R P
399 WHITETAIL COVE
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

OLSON, MARK R.

Street Address (P.O. Box Number is Not Acceptable)

501 Keene Park Drive East

City

Largo

FL

Zip Code

33771

8. The above named entity submits the 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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	OLSON, MARK	
STREET ADDRESS	399 WHITETAIL COVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DUCKWORTH, DARRYL B	
STREET ADDRESS	3024 MAY BRY LN	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DAVENPORT, JEFFREY P	
STREET ADDRESS	4503 4TH AVE DR E	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSON, MARK	
STREET ADDRESS	501 KEENE PARK DR. E.	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCKWORTH, DARRYL B	
STREET ADDRESS	1119 BURRISBRIDGE DR.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, JEFFREY P	
STREET ADDRESS	945 PARKVIEW DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Mark R. Olson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

863-665-0040

Date

Daytime Phone #

CR2E034 (10/02)