## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000083537

Entity Name: TROJAN POOLS, INC

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4232 18TH PLACE SW NAPLES, FL 34116 **Current Mailing Address: New Mailing Address: 4232 18TH PLACE SW** NAPLES, FL 34116 FEI Number: 65-1134556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWERSOX, PAUL E **4232 18TH PLACE SW** NAPLES, FL 34116 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: 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BOWERSOX, PAUL E Name: Name: 4232 18TH PLACE SW Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: Title: Title: ( ) Delete ( ) Change (X) Addition BOWERSOX, JULIE A Name: Name: 4232 18TH PLACE SW Address: Address: NAPLES, FL 34116 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition BOWERSOX, PAUL E Name: Name: 4232 18TH PLACE SW Address Address: City-St-Zip: City-St-Zip: NAPLES, FL 34116 Title: () Delete Title: ( ) Change (X) Addition BOWERSOX, PAUL E Name: Name: Address: Address: **4232 18TH PLACE SW** City-St-Zip: City-St-Zip: NAPLES, FL 34116 Title: Title: ( ) Change (X) Addition ( ) Delete BOWERSOX, JULIE A Name: Name: Address: 4232 18TH PLACE SW Address: City-St-Zip: City-St-Zip: NAPLES, FL 34116 Title: () Delete Title: ( ) Change (X) Addition BOWERSOX, JULIE A Name: Name: 4232 18TH PLACE SW Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34116

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: PAUL E BOWERSOX D 05/01/2002