

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90357 010 ***150.00

UBR/BR AI

DOCUMENT # P01000112567

1. Entity Name
H & S POOLS, INC.

Principal Place of Business
**3 SERENADE PL.
 PALM COAST FL 32164**

Mailing Address
**3 SERENADE PL.
 PALM COAST FL 32164**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3 Serenade PL.
 Suite, Apt. #, etc.

3. Mailing Address
3 Serenade
 Suite, Apt. #, etc.

City & State
PALM COAST, FL.
 Zip
32164
 Country
USA

City & State
PALM COAST, FL.
 Zip
32164
 Country
USA

4. FEI Number
59-3758795

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUTZMAN, ROBERT A II
3 SERENADE PL.
PALM COAST FL 32164

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
V	STUTZMAN, ROBERT A II	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3 SERENADE PL.		
	PALM COAST FL 32164		
P	WITT, SHANE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	30 PEBBLE BEACH DR.		
	PALM COAST FL		
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like powers.

SIGNATURE: *Robert A. Stutzman II* **5-1-02** (386) 437-4630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)