


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 23, 2003 8:00 am
Secretary of State

03-17-2003 90073 024 ***150.00

DOCUMENT # P02000049536	
1. Entity Name DAN GANDEE POOLS, INC.	

Principal Place of Business 205 S. EBB WAY INVERNESS FL 34450	Mailing Address 205 S. EBB WAY INVERNESS FL 34450
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2. Principal Place of Business 4360 W Southern St. Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State Lecanto FL	City & State
Zip 34461	Country

4. FEI Number 75-3057852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GANDEE, DAN 205 S. EBB WAY INVERNESS FL 34450

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4360 W Southern St City Lecanto FL Zip Code 34461
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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 obligations of registered agent. SIGNATURE  DATE 3/14/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$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. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME GANDEE, DAN	
STREET ADDRESS 205 S. EBB WAY	
CITY-ST-ZIP INVERNESS FL 34450	
TITLE D	<input type="checkbox"/> Delete
NAME GANDEE, MARY	
STREET ADDRESS 205 S. EBB WAY	
CITY-ST-ZIP INVERNESS FL 34450	
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 D.P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 4360 W Southern St	
STREET ADDRESS Lecanto, FL 34461	
CITY-ST-ZIP	
TITLE D.V.P. S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 4360 W Southern St	
STREET ADDRESS Lecanto, FL 34461	
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	
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:  3/14/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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CR2E034 (10/02)