

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90125 006 ***150.00

DOCUMENT # P02000070355

1. Entity Name
CABANA POOLS, INC.



Principal Place of Business
6 GARDNER DRIVE
SHALIMAR FL 32579

Mailing Address
6 GARDNER DRIVE
SHALIMAR FL 32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3693850

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

MCLAIN, KNEELAND P
6 GARDNER DRIVE
SHALIMAR FL 32579

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title (if applicable)
KNEELAND P. MCLAIN

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN. 6, 2003

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.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MCLAIN, KNEELAND P
STREET ADDRESS 6 GARDNER DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME MCLAIN, KNEELAND P.
STREET ADDRESS 6 GARDNER DRIVE
CITY-ST-ZIP SHALIMAR, FL. 32579

TITLE V ☐ Delete
NAME DOVE-MCLAIN, SANDRA L
STREET ADDRESS 6 GARDNER DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE PRESIDENT ☒ Change ☐ Addition
NAME DOVE-MCLAIN, SANDRA L.
STREET ADDRESS 6 GARDNER DRIVE
CITY-ST-ZIP SHALIMAR, FLORIDA 32579

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra L. Dove-McLain

Jan. 6, 2003

850-651-4137

Date

Daytime Phone #

CR2E034 (10/02)