FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P02000100049

1. Entity Name

CLARK'S POOLS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12113 BECK ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL, FL	City & State
Zip: 34609-2812 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 03-0504505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES L CLARK

Street Address (P.O. Box Number is Not Acceptable): 12113 BECK ST

City: SPRING HILL **FL** Zip Code: 34609-2812

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. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	JAMES L CLARK
STREET ADDRESS	12113 BECK ST
CITY-ST-ZIP	SPRING HILL FL 34609-2812
TITLE	
NAME	
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11.

TITLE	U00000095776
NAME	03/25/04-80002-017 150.00
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ JAMES L CLARK-PRESIDENT 2-16-04 (352) 684-2205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #