## FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (URB)

## FILED Mar 03, 2003 8:00 am

DOCUMENT # 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1					Secretary of State	
DOCUMENT # PO2000/04572					03-03-2003 90860 022 ***150.00	
Lightning Pools Inc.					03-03-2003 300	300 022 130.00
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2. Principal Place of Business 17350 NW 74 AUL		3. Mailing Address 17350~ルω フタ Aじし・				
Suite, Apt. #, etc. AP+ /O/.		Suite, Apt. #, etc. Ap-1 . 101.			DO NOT WRITE IN THIS SPACE	
City & State Diami, F1.		City & State Liami, Fl			4. FEI Number 01 - 07 47 72	Applied For Not Applicable
Zip 33015	Country Led States	<sup>Zip</sup> 33015	Country United	states	5. Certificate of Status Desired	\$8.75 Additional Fee Required
					7. Name and Address of Current Registered Agent	
Name 7// A c						
DO NOT WRITE    1/350 \text{ AW 19 AVE Ap-f 4-10 l.}     Street Address (P.O. Box Number is Not Acceptable)						
Name - Goesmiler matos						
IN THIS SPACE  Jame - Yoesmiler matos  City Mami FL Zip Code 3 30 05						
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.						
the congations 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 Gheck Payable to Florida Department of State					Election Campaign Financi     Trust Fund Contribution.	ing \$5.00 May Be  Added to Fees
10.	OFFICERS AND D	undistriction and a second sec	AND MARKET SERVICES			
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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 analysis of the corporation of the corporation of the receiver or trustee empowered.

**SIGNATURE:** 

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #