FILED
May 29, 2003 8:00 am
Secretary of State
04-29-2003 90072 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000107481

1. Entity Name
DREAM WEAVER POOLS INC.

55044701

Principal Place of Business	Mailing Address
474 NORTH H.L. SMITH RD. HAINES CITY FL 33844	474 NORTH H.L. SMITH RD. HAINES CITY FL 33844

2. Principal Place of Business	3. Mailing Address
474 H.L. Smith Rd.	P.O. Box 7423
Suite, Apt. #, etc. —	Suite, Apt. #, etc. N/A
City & State: Haines City FL	City & State: Winter Haven, FL
Zip: 33844 Country: Polk	Zip: 33883 Country: Polk

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 14-184-9707 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WEAVER, ELIZABETH
474 NORTH H.L. SMITH RD.
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Richard Taylor Weaver President and Secretary 474 North H.L. Smith Rd. Haines City, FL 33844 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. & Treasurer Elizabeth Ann Weaver 474 H.L. Smith Rd, North Haines City, FL 33844 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Elizabeth Weaver — April 23, 2003 — (863) 439-5982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #