FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90183 026 ***150.00

G. WILLIA	AMS POOL & SPA, INC.						
Principal Place of Business 4119 NW 19TH ST LAUDERHILL FL 33313		Mailing Address 4119 NW 19TH ST LAUDERHILL FL 33313					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MA.	KING CHAN	GES	
City & State		City & State			4. FEI Number Applied For Not Applicable		
Zip	Country	Žip	Zip Country		5. Certificate of Status Desired	\$8.75 Fee Re	Additional
	6. Name and Address of Curren	t Registered Agent		<u> </u>	7. Name and Address of New Registe		4000
VIII. VIII. A				Name			
	G, GERGORY .		Street Addres		P.O. Box Number is Not Acceptable)		····
4119 NW							
LAUDERM	ILL FL 33313	•					
	•			`City		FL Zip	Code
SIGNATURE	tions of registered agent. Signature, typed or printed name of registered agen		us ^{te}	d Agent signature required	ed agent, or both, in the State of Florida. I	ATT ATTIMAT	міп, апо ассері
Afte Make Checl	TLE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	of State			 Election Campaign Financing Trust Fund Contribution. 		55.00 May Be dded to Fees
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 11
ITLE NAME STREET ADDRESS DITY-ST-ZIP -	D WILLIAMS, GREGORY 4119 NW 19TH ST LAUDERHILL FL 33313	☐ Delete	_	ŀ	and the second s	☐ Cha	nge 🗌 Addition
ITLE NAME STREET ADDRESS SITY-ST-ZIP	D WILLIAMS, PATRICA 4119 NW 19TH ST LAUDERHILL FL 33313	☐ Delete	i i			☐ Cha	nge 🗌 Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	·	☐ Delete		- 1		☐ Chai	nge 🗌 Addition
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete		i		[] Chai	nge 🗌 Addition
TLE AME Treet address ITY-ST-ZIP		☐ Delete				☐ Char	ge Addition
TLE AME TREET ADDRESS ITY-ST-ZIP		□ Delete		I		Char	ge Addition

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:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P02000111706