

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90125 020 ***150.00

DOCUMENT # **P07891**

1. Entity Name
PADDOCK POOL BUILDERS, INC.



90018581



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**555 PADDOCK PARKWAY
PO BOX 11676
ROCK HILL SC 29730**

Mailing Address
**555 PADDOCK PARKWAY
PO BOX 11676
ROCK HILL SC 29731
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **14-1378778**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (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

TITLE	CTD	<input type="checkbox"/> Delete
NAME	BAKER, WILLIAM H.	
STREET ADDRESS	50 FARIWAY RIDGE	
CITY-ST-ZIP	CLOVER SC	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAKER, MARLENE	
STREET ADDRESS	50 FARIWAY RIDGE	
CITY-ST-ZIP	CLOVER SC	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER, DONALD C	
STREET ADDRESS	8 PINE POINT	
CITY-ST-ZIP	LAKE WYLIE SC 29710	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAVES, C.E.	
STREET ADDRESS	2245 RAVEN DRIVE	
CITY-ST-ZIP	ROCK HILL SC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald C. Baker* **REQUIRED** **Donald C. Baker, President** **1/22/03** **(803) 324-1111**

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

CR2E034 (10/02)