

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90181 001 \*\*\*150.00

**DOCUMENT # P94000076899**

1. Entity Name  
**CRYSTAL CLEAR POOL SERVICE & REPAIR, INC.**



Principal Place of Business      Mailing Address  
1070 PALM COAST PKWY      1070 PALM COAST PKWY  
#6      #6  
PALM COAST FL 32137      PALM COAST FL 32137  
US      US

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3288407**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
TORO, EMMANUEL  
60 BAINBRIDGE W.  
PALM COAST FL 32137

**7. Name and Address of New Registered Agent**  
Name **Kathy A. Toro**  
Street Address (P.O. Box Number is Not Acceptable) **56 Baltimore Ln.**  
City **Palm Coast**      FL      Zip Code **32137**

I, 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 **Kathy A. Toro**      DATE **4-11-03**  
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**

TITLE	D	<input type="checkbox"/> Delete
NAME	HENNION, DONALD W	
STREET ADDRESS	23 COTTAGE GATE COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENNION, JOAN	
STREET ADDRESS	23 COTTAGE GATE COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORO, EMMANUEL	
STREET ADDRESS	60 BAINBRIDGE LN	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORO, KATHY A	
STREET ADDRESS	60 BAINBRIDGE LN	
CITY-ST-ZIP	PALM COAST FL	
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	Toro, Emmanuel	
STREET ADDRESS	56 Baltimore Ln.	
CITY-ST-ZIP	Palm Coast, FL. 32137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toro, Kathy A.	
STREET ADDRESS	56 Baltimore Ln.	
CITY-ST-ZIP	Palm Coast, FL. 32137	
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		

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: **Kathy A. Toro**      DATE **4-11-03**      DAYTIME PHONE # **386-445-6752**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)