

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 1070 PALM COAST PKWY #6 PALM COAST FL 32137 US	Mailing Address 1070 PALM COAST PKWY #6 PALM COAST FL 32137 US
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CHECK HERE IF MAKING CHANGES

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

4. FEI Number 59-3288407	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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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**

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 **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)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HENNION, DONALD W 23 COTTAGE GATE COURT PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HENNION, JOAN 23 COTTAGE GATE COURT PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TORO, EMMANUEL 60 BAINBRIDGE LN PALM COAST FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TORO, KATHY A 60 BAINBRIDGE LN PALM COAST FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Toro, Emmanuel 56 Baltimore LN. Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Toro, Kathy A. 56 Baltimore LN. Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (10/02)