2003 FOR PROFIT CORPORATION

FILED Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P95000025750 DOCUMENT # 01-23-2003 90047 046 ***150.00 1. Entity Name JAGUAR POOLS & SPAS, INC. Principal Place of Business Mailing Address 10710 SKYLARK DR. -10710 SKYLARK DR. 46690000 JACKSONVILLE FL 32257 ✓JAGKSONVILLE FL 32257 HS HS 2. Principal Place of Business 3. Mailing Address 3295 5.8.2nd 3295 5.2 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Keystone Applied For City & State 4. FEI Number 59-3305000 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired --3-2656 u SA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHILA, JOHN A Street Address (P.O. Box Number is Not Acceptable) 10710 SKYLARK DR. JACKSONVILLE FL 32257 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change CHILA, BRENDA A NAME NAME 10710 SKYLARK DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY - ST - 7/P CITY-ST-7IP TITLE D ☐ Delete TITLE Change ☐ Addition NAME CHILA, JOHN A NAME STREET ADDRESS 10710 SKYLARK DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP ... ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

CIT∱ ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

Delete

Delete

Change

Addition

☐ Addition

CR2E034 (10/02)