

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90160 026 \*\*\*558.75

DOCUMENT # **095000030158**

1. Entity Name

**Tropical Pools and Spas, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2250 Lee Rd. #101**

Suite, Apt. #, etc.

**#101**

City & State

**Winter Park, FL**

Zip

**32789**

Country

**US**

3. Mailing Address

**2250 Lee Rd #101**

Suite, Apt. #, etc.

**#101**

City & State

**Winter Park, FL**

Zip

**32789**

Country

**US**

4. FEI Number

**59-331 2424**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Adam Alstott**

Street Address (P.O. Box Number is Not Acceptable)

**2250 Lee Rd**

**Suite #101**

City

**Winter Park**

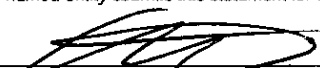
**FL**

Zip Code

**32789**

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.

SIGNATURE



**Adam Alstott**

**9-12-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P Adam Alstott  
2250 Lee Rd. #101  
Winter Park, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V Spencer S. Meier  
2250 Lee Rd. #101  
Winter Park, FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Adam Alstott**

**9-12-02 407-331-5006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)