

02-03 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 17 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086744

1. Entity Name

SWIM MASTER, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11123 TOPEKA PLACE

Suite, Apt. #, etc.

3. Mailing Address

11123 TOPEKA PLACE

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

Zip

33026

Country

U.S.A.

Zip

33026

Country

U.S.A.

11-07-02 01037 006 \$150.00

DO NOT WRITE IN THIS SPACE

11-07-02 01030 002 \$35.00

4. FEI Number

65-0618788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS R. HORN

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

11123 TOPEKA PLACE

City

COOPER CITY

FL

Zip Code

33026

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

Thomas R. Horn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	THOMAS R. HORN
STREET ADDRESS	11123 TOPEKA PLACE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	SECRETARY - TREASURER
NAME	LINDA D. HORN
STREET ADDRESS	11123 TOPEKA PLACE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	* 2002 Notices not received
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas R. Horn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

954 441 5162

Daytime Phone #

CR2E034B (12/02)