

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90100 002 ***150.00

DOCUMENT # P96000012426

1. Entity Name
CLASS - A POOLS & SPAS, INC.

Principal Place of Business
**PO BOX 350814
PALM COAST FL 32137**

Mailing Address
**PO BOX 350814
PALM COAST FL 32137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13 Utility Dr.

Suite, Apt. #, etc.

P

City & State

Palm Coast, FL.

Zip
32137

Country

3. Mailing Address

13 Utility Dr.

Suite, Apt. #, etc.

City & State

Zip

32135

Country

4. FEI Number
59-3360125

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMARAL, ANTONIO
1 FLORIDA PARK DR.
SUITE 110
PALM COAST FL 32137**

Name

Antonio Amaral Jr.

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

13 Utility Dr.

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.

SIGNATURE

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AMARAL, ANTHONY JR.
PO BOX 350814
PALM COAST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Amaral, Antonio JR.
13 Utility Dr.
Palm Coast, FL. 32137.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
AMARAL, ANTHONY SR.
2 CENTRAL PL
PALM COAST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Amaral, Antonio SR.
P.O. Box 350814
Palm Coast, FL. 32135-0814** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AMARAL, MARIA
2 CENTRAL PL
PALM COAST FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Amaral, Maria
P.O. Box 350814
Palm Coast, FL. 32135-0814** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/02

Date

386-446-3335

Daytime Phone #

CR2E034 (9/01)