3/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
03-29-2002 91433 038 ***150.00

- 28202 [redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000032314

1. Entity Name
SWIMMING POOLS BY POWERS, INC.

Principal Place of Business
4719 N. WILLIAMS AVE.
CRYSTAL RIVER FL 34428

Mailing Address
4719 N. WILLIAMS AVE.
CRYSTAL RIVER FL 34428

2. Principal Place of Business
3503 N. BRAVO DR. PLACE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State: BEVERLY HILLS FL.
Zip: 34465
Country:

City & State:
Zip:
Country:

4. FEI Number: 59-3378658 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
POWERS, RICHARD
4719 N. WILLIAMS AVE.
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent
Name: WALTER EDWARD CLAWSON
Street Address (P.O. Box Number is Not Acceptable): 6812 N. TRAM RD.
City: HERNANDO FL Zip Code: 34442

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 X DBlacey 03.18.02
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) ☐

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete
P POWERS, RICHARD 4719 N. WILLIAMS AVE. CRYSTAL RIVER FL 34428	☒
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
WALTER EDWARD CLAWSON 6812 N. TRAM RD. HERNANDO, FL. 34442	☐	☒
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Sincere apologies for omissions
DBlacey

CR2E034 (9/01)

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: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter E Clawson 4-23-02 465 7721
DBlacey Apr. 23. 02 352 465 3611
Date Daytime Phone #