2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 15, 2001 8:00 am DOCUMENT # P96000037510 1. Entity Name **Secretary of State** HAWAIIAN POOLS OF PINELLAS, INC. 02-15-2001 90053 049 ***150.00 Principal Place of Business Mailing Address 6640 118TH AVENUE NORTH 6640 118TH AVENUE NORTH **LARGO FL 33773** LARGO FL 33773 2. Principal Place of Business 3. Mailing Address 12350 S. BELCHER ROAD 12350 S. BELCHER ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BLDG. 14; SUITE B BLDG, 14, SUITE B City & State City & State 4. FEI Number Applied For 59-3375333 LARGO, FLORIDA LARGO, FLORIDA Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33773 33773 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SLADE, OTIS L JR. Street Address (P.O. Box Number is Not Acceptable) 6640 118TH AVENUE NORTH LARGO FL 34643 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete TITLE Change Addition TITLE SLADE, OTIS L JR. NAME NAME SLADE, OTIS L JR. 6640 118TH AVENUE NORTH STREET ADDRESS STREET ADDRESS 12350 S. BELCHER ROAD, BLDG.14, SUIT CITY-ST-ZIP CITY-ST-ZIP LARGO FL 34643 LARGO, FLORIDA 33773 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . ☐ Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 writer like empowered.

IGNING OFFICER OR DIRECTOR