

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90292 038 \*\*\*150.00

0480454 AV

**DOCUMENT # P96000046594**

**1. Entity Name**  
**SLEVIN POOLS, INC.**



**Principal Place of Business**  
**131 CONNIE AVE**  
**TAMPA FL 33613**  
**US**

**Mailing Address**  
**131 CONNIE AVE**  
**TAMPA FL 33613**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3385187**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SLEVIN, JAMES M**  
**131 CONNIE AVE**  
**TAMPA FL 33613**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]* **DATE**

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

*working alone now*

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SLEVIN, JAMES M	
STREET ADDRESS	1106 EAST ANNIE STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	COMMANDER, RUSSELL	
STREET ADDRESS	1106 EAST ANNIE STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	OCONNOR, MATTHEW J	
STREET ADDRESS	1106 E ANNIE STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-03**

Date

Daytime Phone #

**245-4793**

CR2E034 (10/02)