



FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90675 001 *2,850.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000054724						55029841	
1. Entity Name POOL HOMES, INC.							
Principal Place of Business 5260 W IRLO BRONSON HWY #118 KISSIMMEE, FL 34746			Mailing Address 5260 W IRLO BRONSON HWY #118 KISSIMMEE, FL 34746				
2. Principal Place of Business 2701 SPIVEY LANE Suite, Apt. #, etc.			3. Mailing Address 2701 SPIVEY LANE Suite, Apt. #, etc.				
City & State ORLANDO, FL		City & State ORLANDO FL		4. FEI Number 59-3387249		Applied For <input type="checkbox"/> Not Applicable	
Zip 32837		Country USA		Zip 32837		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent WRIGHT, MALCOLM J ESQ. 2701 SPIVEY LANE ORLANDO, FL 32837				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				City			
FL				FL			
Zip Code				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.				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 <i>Malcolm Wright</i> PRESIDENT				DATE 4-21-03			
<small>FILE IN NOVEMBER IS \$150.00 After May 1, 2002, it will be \$550.00 Make Check Payable to Florida Department of State.</small>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	CRRE034 (1/02)	
NAME	WRIGHT, MALCOLM J ESQ		NAME				
STREET ADDRESS	2701 SPIVEY LANE		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP				
TITLE	TSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WRIGHT, GILLIAN M MS		NAME				
STREET ADDRESS	2701 SPIVEY LANE		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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)(1), 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: <i>Malcolm Wright</i> MALCOLM J WRIGHT				Date: 4-21-03		Office Phone: 267-421-6660	