

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90179 030 ***150.00

AV0003471

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000027691

1. Entity Name Outdoor Living Inground Spas and Water Features, INC.

Principal Place of Business 3777 N John Young Pkwy
 Orlando, FL 32805

Mailing Address 3777 N John Pkwy
 Orlando, FL 32805

2. Principal Place of Business 4113 Fairview Vista Pt
 Suite, Apt. #, etc.

3. Mailing Address 4113 Fairview Vista Pt
 Suite, Apt. #, etc.

City & State Orlando, FL **City & State** Orlando, FL

Zip 32804 **Country** USA **Zip** 32804 **Country** USA

4. FEI Number 59-3443808 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent Miller, Glenn L
 311 Fairview Vista Pt
 Orlando, FL 32804

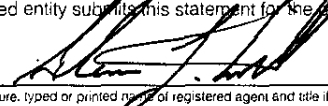
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4113 Fairview Vista Point

City Orlando **FL** **Zip Code** 32804

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  **DATE** 4-23-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PO Miller, Glenn L 311 Fairview Vista Pt Orlando, FL 32804	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4113 Fairview Vista Point Orlando FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

DATE 4-23-01

Daytime Phone #

CR2E034 (11/00)