

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90975 037 ***150.00

DOCUMENT # P97000027691



1. Entity Name
OUTDOOR LIVING INGROUND SPA'S AND WATER FEATURES, INC.

Principal Place of Business
**4340 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

Mailing Address
**4340 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

11021745



2. Principal Place of Business

3. Mailing Address

2479 N. JOHN YOUNG PKY 2479 N. JOHN YOUNG PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FLORIDA ORLANDO FLORIDA

4. FEI Number **59-3443808**

Applied For
Not Applicable

Zip
32804

Country
USA

Zip
32804

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, GLENN L
4340 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

Name
MILLER, GLENN L
Street Address (P.O. Box Number is Not Acceptable)
2479 N JOHN YOUNG PKWY
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
MILLER, GLENN L
4340 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 an officer like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 <407> 521 9520

Date

Daytime Phone #

CR2E034 (10/02)