2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000045035**

ABSOLUTE POOLS, INC. Principal Place of Business Mailing Address P.O. BOX 1632 416 HIGHWAY 393 BLDG, 2. SUITE 1 SANTA ROSA BEACH FL 32459-1632 SANTA ROSA REACH EL 32459

FILED May 04, 2000 8:00 am Secretary of State

05-04-2000 90095 040 ***150.00

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2. Principal Place of Business		3. Mailing Add	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SP	ACE		
City & Stat	е	City & State	City & State			FEI Number 26-6611124		 ———————————————————————————————————	oplied For ot Applicable	
Zip	Country	Zip	Cour	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	7. Name and Address of New Registered Agent									
6. Name and Address of Current Registered Agent NELSON, CURTIS 128 E. BLUE CORAL DRIVE SANTA ROSA BEACH FL 32459				Name Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	a	
8. The above	named entity submits this statemen	t for the purpose of c	hanging its register	red office or regist	tered ao	ent, or both, in the State of Florid	a.			
	The first street, some the state of the street	рапроста		-		,				
									Ì	
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	ed Agent signature requir	red when re	einstating)	DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!				IS \$150.00		10. Election Campaign Finance	cina	\$5.0	О Мау Ве	
	equirement and elects to do so.	i	After MAY 1, 2000 Fee will be \$550.00			Trust Fund Contribution.	,	Addec	to Fees	
(See criter	ria on back)	J Make Ch	eck Payable to D	epartment of St	tate	4			ľ	
11.	OFFICERS AI	ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR:	S IN 11	
TITLE	D		Delete TITL	E PA	1551	INCAT		Change	Addition	
NAME	NELSON, CURTIS M	-	NAN	us C	URT	IS M. NELSON				
STREET ADDRESS	128 E. BLUE CORAL DRIVE		• • • •	REET ADDRESS	0 80	1 1632 BCH FL	2916	~	}	
CITY-ST-ZIP		ro.					244	2 7	ļ	
	SANTA ROSA BEACH FL 324				VICE	E PRES.)			Addition	
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CITY-ST-ZIP			CIT	Y-ST-ZIP 5/	ANTA	A ROSA BOH FL	. ३३५	4 59		
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NAME			NAM	AE					ì	
STREET ADDRESS	1		STR	REET ADDRESS					}	
CITY-ST-ZIP	l		CIT	Y-ST-ZIP					1	

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: (

THE

NAME

STREET ADDRESS

☐ Defete

April 25,2000 950-585-1698

☐ Change

☐ Addition