

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90102 024 ***150.00

0000851

DOCUMENT # P97000078248

1. Entity Name
NO PROBLEM POOLS & SPAS, INC.

Principal Place of Business 2201 MANGROVE LANE GREEN COVE SPRINGS FL 32043 US	Mailing Address 2201 MANGROVE LANE GREEN COVE SPRINGS FL 32043 US
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00014727



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1255 CHAFFEE Road South	3. Mailing Address
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City & State Jacksonville, Florida	City & State
Zip 32221	Country Duval

4. FEI Number 59-3466923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETTY, THERESA G
 3827 HWY 17 NORTH
 GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name: **PETTY, THERESA G**
 Street Address (P.O. Box Number is Not Acceptable): **2201 MANGROVE LANE**
 City: **GREEN COVE SPRINGS, FL** Zip Code: **32043**

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 _____
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.

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTY, THERESA G 3827 HWY 17 NORTH GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PETTY, THERESA G 1255 CHAFFEE ROAD SOUTH JACKSONVILLE, FLORIDA 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GEORGE R. PETTY 1255 CHAFFEE ROAD SOUTH JACKSONVILLE, FLORIDA 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition BRYAN L. DUNBY 1255 Chaffee Rd Jacksonville, Fl. 32221
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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: *Theresa G. Petty* **Jan. 18, 2001** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)