

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90240 023 ***550.00

0125778 AT

DOCUMENT # P97000084928
1. Entity Name
 SPLASH POOLS, INC.

Principal Place of Business 8317 COOPER CREEK BLVD.
 UNIVERSITY PARK FL 34201
Mailing Address 8317 COOPER CREEK BLVD.
 UNIVERSITY PARK FL 34201

2. Principal Place of Business 8203 Cooper Creek Blvd
 Suite, Apt. #, etc.
3. Mailing Address same
 Suite, Apt. #, etc.

City & State University Park, FL
Zip 34201 **Country** Manatee
City & State 11
Zip 11 **Country** 11

4. FEI Number 65-0785463
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 WILCOX, DAVID W
 308 13TH ST WEST
 BRADENTON FL 34205

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD NAME DELLINGER, JAMES S STREET ADDRESS 703 45TH ST. W. CITY-ST-ZIP BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE VD NAME JOHNSON, DANNIE S STREET ADDRESS 6767 MAUNA LOA BLVD. CITY-ST-ZIP SARASOTA FL 34241	<input type="checkbox"/> Delete
TITLE SDT NAME DELLINGER, LAUREN A STREET ADDRESS 703 45TH ST. W. CITY-ST-ZIP BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE W. Edward Tarr NAME W. Edward Tarr STREET ADDRESS University Park, FL 34201 CITY-ST-ZIP University Park, FL 34201	<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	<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
TITLE W. Edward Tarr - Chief Financial Officer NAME W. Edward Tarr STREET ADDRESS 7663 Heathfield Court CITY-ST-ZIP University Park, FL 34201	<input type="checkbox"/> Change <input checked="" 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: W. Edward Tarr **7/27/01** **941-351-2854**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)