

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90063 022 \*\*\*150.00

**DOCUMENT # P97000093917**

1. Entity Name  
**POOL INTERIORS, INC.**



Principal Place of Business  
**1614 LAMP LIGHTER WAY  
ORLANDO FL 32818**

Mailing Address  
**5100 W. COLONIAL DR  
#225  
ORLANDO FL 32808**

**11000420**



2. Principal Place of Business

3. Mailing Address

**1614 LAMPLIGHTER WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**ORLANDO - FL**

4. FEI Number **59-3478510**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32818**

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

**BALLANTYNE, JOHN R  
903 N. PINE HILLS RD  
ORLANDO FL 32808**

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. 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

**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  
**DPS  
OLIVEIRA, JOHN ERIK F  
1614 LAMP LIGHTER WAY  
ORLANDO FL 32818** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BELL, AMBER  
2034 RED GATE ROAD  
ORLANDO FL 32818** ☐ Delete

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

TITLE  
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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 other like empowered.

SIGNATURE:

**JOHN ERIK F. OLIVEIRA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-18-03 407-290-3300**

CR2E034 (10/02)