

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90176 010 ***150.00

DOCUMENT # P97000106213

1. Entity Name
MALIBU POOLS, INC.



Principal Place of Business
**6861 ORANGE DRIVE
FORT LAUDERDALE FL 33314**

Mailing Address
**6861 ORANGE DRIVE
FORT LAUDERDALE FL 33314**

10060611



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0800919

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NELSON-OLIPHANT, DARLENE
6861 ORANGE DRIVE
FORT LAUDERDALE FL 33314**

Name

DARLENE NELSON

Street Address (P.O. Box Number is Not Acceptable)

6861 ORANGE DRIVE

City

DAVIE

FL

Zip Code

33314

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

2/24/03

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
**PC
YOUNES, JOSEPH J
18829 NW 24TH COURT
PEMBROKE PINE FL 33029** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
YOUNES, SHERYL A
18829 NW 24TH COURT
PEMBROKE PINE FL 33029** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DAVID, JR., GEORGE
2320 CHESTNUT ST.
PEMBROKE PINES FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P, T, D
DAVID JR., GEORGE
2320 CHESTNUT STREET
PEMBROKE PINES, FL 33026** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FARRAH, KEVIN M
18829 NW 24TH CT.
PEMBROKE PINES FL 33029** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S, D
NELSON, DARLENE
6861 ORANGE DRIVE
DAVIE, FL 33314** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVID, JOHN
1228 N HIATUS ROAD
PEMBROKE PINES, FL 33026** ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 954 316 8816

Date

Daytime Phone #

CR2E034 (10/02)