

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90433 014 \*\*\*150.00

**DOCUMENT # P98000003342**

1. Entity Name

**CLEARWATER POOL & SPA, INC.**



Principal Place of Business

**28882 US HWY 19 N  
CLEARWATER FL 33761**

Mailing Address

**28882 US HWY 19 N  
CLEARWATER FL 33761**

2. Principal Place of Business

**1640 Curlew Rd**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1217**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Dunedin FL**

City & State

**Dunedin FL**

4. FEI Number

**65-0802243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILKINS, CHOICE E  
28882 US HWY 19 N  
CLEARWATER FL 33761**

Name

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

**1640 Curlew Rd**

City

**Dunedin**

**FL**

Zip Code

**34698**

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 **Choice E Wilkins**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-28-03**

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

TITLE **PD** ☐ Delete  
NAME **WILKINS, CHOICE E**  
STREET ADDRESS **1640 CURLEW ROAD**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **STD** ☐ Delete  
NAME **WILKINS, ROSALIE**  
STREET ADDRESS **1640 CURLEW ROAD**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

**Choice E Wilkins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-28-03**

Date

**727 403 9407**

Daytime Phone #

CR2E034 (10/02)