## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #0990000998 FILED 1. Entity Name CHALLENGER POOLS OF SOUTH FLORIDA, INC. 00 JUL 13 PN 3: 25 Principal Place of Business Mailing Address SECRETARY OF STATE 945 N. MILITARY TRAIL 945 N. MILITARY TRAIL WEST PALM BEACH FL 38415TALLAHASSEE. FLORIDA WEST PALM BEACH FL 33415 00065601 2. Principal Place of Business Mailing Address 15250 S. TAMIAMITTRAIL 15250 S. TAMIAMI TRAIL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE C-2 SUITE C-2 Xpplied For City & State 4. FEI Number City & State FT. MYERS FL FT. MYERS FL 65÷0810517 Not Applicable Ζip Country \$8.75 Additional Ziα Country 5. Certificate of Status Desired Fee Required 33908 33908 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EAMONN D. WALSH GARY WESTON Ctreet Address (P.O. Box Number is Not Acceptable) ==== 945 N. MILITARY TRAIL ---15250-S -TAMIAMI-TRAIL C-2 WEST PALM BEACH FL 33415 Zip Code 33908 City FT. MYERS 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 Signature, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIL FEE 19: \$150.00 3. This corporation is eligible to satisfy its intangible: 10. Election Campaign Financing After MAY 1 2000 Fee will be \$550.00 Make Check Payable to Department of State \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. OWNER/PRESIDENT X Change OWNER/PRESIDENT Delete TITLE TITLE GARY WESTON NAME EAMONN D. WALSH NAME CR2E034 STREET ADORESS STREET ADDRESS 945 N. MILITARY TRAIL 15250 S. TAMIAMI TRAIL C-2 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 FT. MYERS FL 33908 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Change "Addition Delète TITLE mie NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TIME NAME NAME STREET ADDRESS STREET AUTRECS CITY-ST-ZIP ... ST-21P ☐ Addition ☐ Change ☐ Defete TITLE 11D F NAME STREET ADDRESS ...... 200225 CRY-ST-7IP ☐ Addition ☐ Change ☐ Detete TITLE NAME STREET ADDRESS \_\_:\_\_: CITY-ST-ZIP ST-ZP 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 proof 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 of the section of the receiver of the section of the receiver of the section of the section of the receiver of the section of the changed, or on an attachma nowered

NING OFFICER OR DIRECTOR



JULY 10, 2000

ATTN: ANNA CHESNUT DIVISION OF CORPORATIONS CORPORATE RECORDS P.O. BOX 6327 TALLAHASSEE FL 32314

RE: FORM 2000 UNIFORM BUSINESS REPORT

**DEAR MS. CHESNET:** 

PER OUR CONVERSATION TODAY, CHALLENGER POOLS OF SOUTH FLORIDA DID NOT RECEIVE THE ABOVE REFERENCED FORM UNTIL THE MONTH OF JUNE.

THANK YOU FOR YOUR ASSISTANCE.

YOURS SPACERELY,

EAMONN-D,-WALSH

**PRESIDENT** 

OO JUL 13 PH 3: 25
SECRETARY OF STATE ARLCAHASSEE. FLORIDA