

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91755 042 \*\*\*150.00

DOCUMENT # **198600017919**

1. Entity Name

**Panama Custom Pools, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**PANAMA CITY FLORIDA**

3. Mailing Address

**1823 W. 29th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PANAMA CITY FL.**

City & State

**PANAMA CITY FL.**

4. FEI Number

**59-3506312**

Applied For

Not Applicable

Zip

**32405**

Country

**U.S.A.**

Zip

**32405**

Country

**U.S.A.**

5. Certificate of Status Desired

☒

**\$8.75 Additional**

**Fee Required**

7. Name and Address of Current Registered Agent

Name

**STEVE ELMORE**

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

**1823 W. 29th St.**

**PANAMA CITY**

City **PANAMA CITY**

**FL**

Zip Code

**32405**

**DO NOT WRITE  
IN THIS SPACE**

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]*

(NOTE: Registered Agent signature required when reinstating)

**Apr 31 02**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MR. STEVE ELMORE PRESIDENT  
1823 W. 29th St  
P.C. FL. 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MR. James Elmore Vice Pres.  
1823 W 29th St  
P.C. FL. 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04 31-02, 1-850-769-1960**

CR2E034B (12/01)