

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90206 045 ***158.75

DOCUMENT # P98000025036

1. Entity Name
FIRST IMPRESSION POOLS, INC.



Principal Place of Business
**17131 PLEASURE ROAD
CAPE CORAL FL 33909
US**

Mailing Address
**17131 PLEASURE ROAD
CAPE CORAL FL 33909
US**

11014906



2. Principal Place of Business
1 NW COLE TERRACE
Suite, Apt. #, etc.

3. Mailing Address
ROUTE 20, BOX 2132
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE CITY FL
Zip
32055
Country
US

City & State
LAKE CITY FL
Zip
32055
Country
US

4. FEI Number
65-0820206

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HEILIG, WILLIAM J
17131 PLEASURE ROAD
CAPE CORAL FL 33909**

7. Name and Address of New Registered Agent

Name
WILLIAM J. HEILIG
Street Address (P.O. Box Number is Not Acceptable)
1 NW COLE TERRACE
City
LAKE CITY FL Zip Code
32055

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]* **WILLIAM J. HEILIG** **4-23-2003**
Signatures of officer or director, or 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HEILIG, WILLIAM J 17131 PLEASURE RD CAPE CORAL FL 33909	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEILIG, SAUNDRA 17131 PLEASURE RD CAPE CORAL FL 33909-3003	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HEILIG, WILLIAM J. 1 COLE TERRACE NW LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEILIG, SAUNDRA S 1 COLE TERRACE NW LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **WILLIAM J. HEILIG** **4-23-2003 739-826-8285**
Signature of officer or director or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)