

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000028441

FILED
Apr 08, 2003
Secretary of State

Entity Name: HANSON'S POOL SERVICE, INC.

Current Principal Place of Business:

15901 DOVER CLIFFE DR.
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

15901 DOVER CLIFFE DR.
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-3505916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKENS, MARK S
9340 N 56TH ST STE 200A
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

SKERKOWSKI, BERNARD
2908 MAGDELENE WOODS DRIVE
TAMPA, FL 33618 US

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: BERNARD SKERKOWSKI

04/08/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HANSON, STEVEN F
Address: 15901 DOVER CLIFFE DR.
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: HANSON, TRACY K
Address: 15901 DOVER CLIFFE DR.
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: HANSON, OREN C
Address: 15901 DOVER CLIFFE DR.
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: HANSON, AARON D
Address: 15901 DOVER CLIFFE DR.
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: HANSON, CORBIN F
Address: 15901 DOVER CLIFFE DR.
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN HANSON

OFF

04/08/2003

Electronic Signature of Signing Officer or Director

Date