

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90675 001 *2,850.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000028800			55029835
1. Entity Name POOL HOMES MANAGERS, INC.			
Principal Place of Business 5260 WEST IRLD BRONSON HWY STE 118 KISSIMMEE, FL 34746		Mailing Address 5260 WEST IRLD BRONSON HWY STE 118 KISSIMMEE, FL 34746	
2. Principal Place of Business 2701 SPIVEY LAKE		3. Mailing Address 2701 SPIVEY LAKE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32837		Country USA	
4. FEI Number 59-3501002		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, MALCOLM J ESQ. 2701 SPIVEY LAKE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  PRESIDENT DATE 4-21-03 Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning.)			
FILE NOW! THE FEE IS \$260.00. After May 1, 2003 Fee will be \$560.00. 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WRIGHT, MALCOLM J 5260 WEST IRLD BRONSON HWY #118 KISSIMMEE, FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 SPIVEY LAKE ORLANDO, FL 32837 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WRIGHT, GILLIAM M 5260 WEST IRLD BRONSON HWY #118 KISSIMMEE, FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 SPIVEY LAKE ORLANDO, FL 32837 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 without duplicate, with all other like empowered.			
SIGNATURE:  MALCOLM J WRIGHT		Date 4-21-03 Cayman Phone # 407-421-6660	