2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



P98000033218 DOCUMENT # 1. Entity Name Mailing Address

SUNBURST SWIMMING POOLS, INC. Principal Place of Business 6270 EDGEWATER DRIVE 6270 EDGEWATER DRIVE 5400 ORLANDO FL 32810 ORLANDO FL 32810

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91216 047 ***150.00



					L	
2. Principal Place of Business 490 No LTH STREET		3. Mailing Address				
	NORTH STREET			/		
Suite, Apt.	.#, etc. VITE 112	Suite, Apt. #, etc.		CHECK HERE IF MAKING	G CHANGES	
City & Stat	te	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For	
LONG	-wood Florida			59-3503932	Not Applicable	
Zip 3275	Country U.S.	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered	Agent	
			Name	Name		
APIEGEL & UTRERA, P.A.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE			Street Address (F.O. Box Number is Not Acceptable)			
	ABLES FL 33134					
			City	Fl	Zip Code	
		nt for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
the obligat	tions of registered agent.					
OLONIATURE						
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DATE		
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.	00		9. Election Campaign Financing	\$5.00 May Be	
	k Payable to Florida Departmen	• • • • • • • • • • • • • • • • • • •		Trust Fund Contribution.		
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE -	PTD	□ Delete	TITLE		☐ Change ☐ Addition	
NAME	HOWARD, VINCENT B IV	□ b01000	NAME		onlings neemion	
TREET ADDRESS 6270 EDGEWATER DRIVE SUITE 5400		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32810		CITY - ST - ZIP			
TITLE	SVD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	BURDA, MARK C		NAME		_ , _	
STREET ADDRESS"	6270 EDGEWATER DRIVE SU	ITE 5400	STREET ADDRESS	والعراضا الماءانها صحمها بهيارهمكيوهما وجرار	·	
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP			
TITLE	7.47	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME		_ • -	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP .			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAMÉ		• • • • • • • • • • • • • • • • • • •	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
TREET ADDRESS	l		CIRCET ADDRESS			

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP