2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P98000063296** Apr 20, 2000 8:00 am Secretary of State FAIRWAY POOLS, INC. 04-20-2000 90048 003 ***150.00 Principal Place of Business Mailing Address 118 RIO PINAR TRAIL 118 RIO PINAR TRAIL ORMOND BEACH FL 32174-3825 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3527895 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATZ, B P ESQ Street Address (P.O. Box Number is Not Acceptable) B. PAUL KATZ PROFESSIONAL CENTER 1 FLORIDA PARK DRIVE SOUTH ATRIUM SUITE PALM COAST FL 32137 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITI F ☐ Change Addition TITLE ☐ Delete **NETWALL, GARY** NAME NAME STREET ADDRESS 118 RIO PINAR TRAIL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE KIMBERLEY, ROD NAME NAME 14 CEDARWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Addition ☐ Change ☐ Delete TITLE TITLE GROFF, WILLIAM NAME STREET ADDRESS STREET ADDRESS 661 PELICAN BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32119 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #