

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90455 041 \*\*\*150.00

**DOCUMENT # P98000063680**

1. Entity Name

**SWIMMORE POOL PRODUCTS, INC.**



Principal Place of Business  
**1684 NORTH BELCHER ROAD  
CLEARWATER FL 33765**

Mailing Address  
**1684 NORTH BELCHER ROAD  
CLEARWATER FL 33765**



2. Principal Place of Business  
**2165 Sunnydale Blvd. Suite F**

3. Mailing Address  
**2165 Sunnydale Blvd.**

Suite, Apt. #, etc.

**Suite F**

Suite, Apt. #, etc.

**Suite F**

City & State

**Clearwater FL**

City & State

**Clearwater FL**

Zip

**33765**

Country

**U.S.**

Zip

**33765**

Country

**U.S.**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3515548**

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BYRNE, JAMES A ESQUIRE  
540 - 4TH STREET NORTH  
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **Anne M. Malley, Esquire**  
Street Address (P.O. Box Number is Not Acceptable)

**1230 S. Myrtle Ave Suite 105  
City Clearwater FL FL Zip Code 33756**

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 **Anne M. Malley Esq.**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/24/03**  
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 **D** ☒ Delete  
NAME **RANKIN, A. MICHAEL**  
STREET ADDRESS **1682 NORTH BELCHER ROAD**  
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **D** ☐ Delete  
NAME **RANKIN, KATHRYN EL**  
STREET ADDRESS **1682 NORTH BELCHER ROAD**  
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **President**  
STREET ADDRESS **Humberto Galvez**  
CITY-ST-ZIP **2655 Winding Wood DR  
CLWT, FL 33761**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Kathryn E. Rankin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)