2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

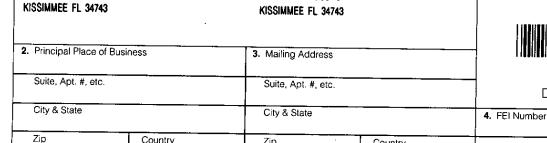
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03-06-2003 90138 021 ***150.00

Mar 06, 2003 8:00 am Secretary of State

FILED

DOCUMENT # 1. Entity Name B.S.H. POOLS, INC. Principal Place of Business Mailing Address 100 HONEYWOOD CT



6. Name and Address of Current Registered Agent ---

Zip

100 HONEYWOOD CT



☐ CHECK HERE IF MAKING CHANGES

Applied For 59-3563727 Not Applicable

DATE

П

5. Certificate of Status Desired

\$8.75 Additional Fee Required 7. Name and Address of New Registered Agent

HUSSEY, BRIAN 100 HONEYWOOD CT KISSIMMEE FL 34743

SIGNATURE

Street Address (P.O. Box Number is Not Acceptable)						
				-		
City	·				Zip Codo	

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.

(NOTE: Registered Agent signature required when reinstating)

Country

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable

Country

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 ☐ Delete TITLE Change ☐ Addition CR2E034 (10/02) HUSSEY, BRIAN NAME: NAME STREET ADDRESS 100 HONEYWOOD CT STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34743 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUSSEY, SHELLEY NAME NAME STREET ADDRESS 100 HONEYWOOD CT STREET ADDRESS CITY+ST-ZIP KISSIMMEE FL 34743 -CITY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

□ Delete

Date

Daytime Phone #

☐ Change

☐ Change

☐ Addition

Addition