2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 19, 2001 8:00 am Secretary of State

DOCUMENT # P9900026053 1. Entity Name PERSONALIZED POOL DESIGNERS INC.					Secretary of State 07-03-2001 90002 010 ***150.00 07-19-2001 90002 001 ***400.00				
Principal Place of Business 12506 SHADOW RUN BLVU TINTERVIEW FL 33569 10410 Nightengole Drive Mailing Address 10410 48588 SHADOW RUN BLVU RIVERVIEW FL 33569. Drive									
2 'rincipal l	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			}	DO NOT WAI	TE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-3565679		9	Applied For Not Applicable	
Zip Country		Zip	Coun	Country		ite of Status Desired	□ \$8.75 / Fee Requ		
	6. Name and Address of Curren	t Registered Agent		Name	7. Neme a	d Address of New R	egistered Agent		
MCC	RARY, WILLIAM J OS SHADOW RUN BLVD 1041	.0 Noghtenga	le. De		P.O. Boy Num	iber is Not Acceptable	<u> </u>	·	
	NO SHADOW RUN BLVD RVIEW FL 33569	0 10155	٠ - ا	Sirect Address (IDEI IS NOT ACCEPTABLE	" 		
•"					, ,	\			
<u>. j.</u>				City	V		FL Zip C	ode 	
8. The above	named entity submits this statement f	or the purpose of changing	g its registere	ed office or register	ed agent, or b	ooth, in the State of Flo	xida.		
SIGNATURE						<u>V</u>	·		
<u> </u>	Signature, typed or printed name of registered agen		 _	Agent signature required	when reinstating)		DATE		
Tex filing r (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY Make Check P	ayable to De	IS \$150.00 will be \$550.00 partment of Stat	te 1	Election Campaign Fin rust Fund Contribution	n. 🗆 Add	.00 May Be led to Fees	
11.	OFFICERS AND	Delete	12.		ADDITION	S/CHANGES TO OFF	CERS AND DIRECTO		
name Street address City-St-Zip	MCCRARY, WILLIAM 12505-SHOADOW RUN-BLVD RIVERVIEW FL 33569	0410 vightengele D	NAME STREE					, La recontrol	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete		1			Change	e Addition	
TITLE	•	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADORESS CITY-ST-ZIP	ب د مود توسید سید کرد. د از درست و کاو کورد کی			T ADORESS ST-ZIP	<u> </u>	هي ر مڪيم ماند		.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Deleta		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADORESS CXTY-ST-ZIP	``	☐ Delete	TITLE NAME	T ADDRESS			Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	·	☐ Delete	TITLE	T ADDRESS			Change	Addition	
of the corp changed,	erify that the information supplied with on this report or supplemental report is portation or the receiver or trustee emptor on an attachment with an address. URE:	s true and accurate and trowered to execute this rep with all other like empower	nat my signatu Dort as require			ct as if made under or es; and that my name		er or director or Block 12 if	