2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026053

Amendend UBR Report

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 11 PM 4:00

1. Entity Name
Personalized Pool Designers INC.

Principal Place of Business / Mailing Address
10410 Nightengale Dr.
Riverview, Fl. 33569

2. Principal Place of Business
10410 Nightengale Dr.
Suite, Apt. #, etc.
City & State: Riverview Fl.
Zip: 33569 Country: USA Hillsborough

3. Mailing Address
10410 Nightengale Dr.
Suite, Apt. #, etc.
City & State: Riverview Fl.
Zip: 33569 Country: Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593565679 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
William J. McCrary
10410 Nightengale Drive
Riverview, Fl. 33569

7. Name and Address of New Registered Agent
Name: Michael S. Koch
Street Address (P.O. Box Number is Not Acceptable): 10410 Nightengale Dr.
City: Riverview **FL** Zip Code: 33569

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] Michael S. Koch 12-3-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President William J. McCrary 10410 Nightengale Dr Riverview, Fl. 33569 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PresidenT Michael S. Koch 10410 Nightengale Dr. Riverview, Fl. 33569 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004739954--4 -12/26/01--01103--001 *****61.25 *****61.25
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CR2E037 (11/00)

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 617, 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: [signature] William J. McCrary 12-3-2001 813-654-0357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #