

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90164 009 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000031769

1. Entity Name
JACKSON'S SWIMMING POOLS, INC.

Principal Place of Business

**1418 MONTE LAKE DRIVE
 VALRICO FL 33594**

Mailing Address

**1418 MONTE LAKE DRIVE
 VALRICO FL 33594**

2. Principal Place of Business

2002 Golf MANOR BLVD.

3. Mailing Address

2002 Golf Manor Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO FL.

City & State

VALRICO FL.

4. FEI Number

65-0915253

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, DAVID S
 1418 MONTE LAKE DRIVE
 VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name **JACKSON, DAVID S.**

Street Address (P.O. Box Number is Not Acceptable)

2002 Golf Manor Blvd.

City **VALRICO FL.**

FL

Zip Code **33594**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D JACKSON, DAVID S	1418 MONTE LAKE DRIVE	VALRICO FL 33594	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Jackson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02
 Date

813-655-9886
 Daytime Phone #

CR2E034 (4/02)