3/09/00 900871020 $15.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032092

1. Entity Name

SUPERIOR POOLS, SPAS & WATERFALLS, INC.

FILED

00 APR 24 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1844 N HOB HILL ROAD SUITE 194~~ ~~PLANTATION FL 33322~~	~~1844 N HOB HILL ROAD SUITE 194~~ ~~PLANTATION FL 33322~~

2. Principal Place of Business	3. Mailing Address
4450 W. SUNRISE BLVD	SAME
Suite, Apt. #, etc: SUITE C-111	Suite, Apt. #, etc
City & State: PLANTATION	City & State
Zip: 33313 Country: BROWARD	Zip / Country

4. FEI Number: 65-0910076 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT S. NORELL, P.A.
500 NE 4TH STREET SUITE 100
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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, 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 $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMS, WILLIAM L ~~1844 N HOB HILL ROAD SUITE 194~~ ~~PLANTATION FL 33322~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR 4450 W. SUNRISE BLVD SUITE C-111 PLANTATION, FL 33313 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUGG, RONALD ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR 4450 W. SUNRISE BLVD SUITE C-111 PLANTATION, FL 33313 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E074 (9/99)

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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: William L Adams 3-6-00 954 301-9092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #