

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90168 046 \*\*\*150.00

DOCUMENT # **P99000041945**  
 1. Entity Name  
**Pools Paradise, Inc.** ✓

Principal Place of Business Mailing Address  
**418 E. Virginia St.** **418 E. Virginia St.**  
**ste. 2** **ste. 2**  
**Tallahassee, FL 32301** **Tallahassee, FL 32301**

26619

2. Principal Place of Business 3. Mailing Address  
**418 E. Virginia St** **418 E. Virginia St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**ste. 2** **ste. 2**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Tallahassee, FL** **Tallahassee, FL**  
 Zip Country Zip Country  
**32301 USA** **32301 USA**

4. FEI Number Applied For  
**59-3581632** Not Applicable  
 5. Certificate of Status (Insured)  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI Services, Inc.**  
**526 East Park Avenue**  
**Tallahassee, FL 32301**

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 of applicant.

(NOTE: Registered Agent signature required when indicated)

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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P. D. J. C. Courregas</b>	<b>5323 Pimlico Dr.</b>	<b>Tallahassee, FL 32308</b>	<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: J.C. Courregas **01/29/01** **850-668-5701**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
J.C. Courregas - President

CR2E034 (11/00)