2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047246

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90087 034 ***150.00

1. Entity Name
SPLASH ZONE CUSTOM BUILT POOLS, INC.

Principal Place of Business	Mailing Address
1656 TAYLOR RD. PORT ORANGE FL 32124	1656 TAYLOR RD. PORT ORANGE FL 32124

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3577266 ☐ Applied for ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TINSLEY, GARY W 213 SILVER BCH AVE. DAYTONA BCH FL 32118	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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	Vice Pres. ☒ Change ☐ Addition
NAME	TINSLEY, PATRICIA M	NAME	
STREET ADDRESS	109 MARBLED GODWIT CT.	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL 32119 ☐ Delete	CITY-ST-ZIP	
TITLE	D	TITLE	President ☒ Change ☐ Addition
NAME	BOVIER, MARK A	NAME	
STREET ADDRESS	806 DEL PRADO	STREET ADDRESS	5473 St. Regis Way
CITY-ST-ZIP	PORT ORANGE FL 32119 ☐ Delete	CITY-ST-ZIP	Port Orange, FL 32124
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	VOSHELL, BRADLEY R	NAME	
STREET ADDRESS	2219 DOSTER DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168 ☒ Delete	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: PM Tinsley 4/19/01 (904) 763-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)