

DOCUMENT # P99000064576

1. Entity Name  
HAMILTON-LEAFE CUSTOM POOLS, INC.

Principal Place of Business

5201 VILLAGE BOULEVARD  
SUITE "B"  
WEST PALM BEACH FL 33407

Mailing Address

5201 VILLAGE BOULEVARD  
SUITE "B"  
WEST PALM BEACH FL 33407

2. Principal Place of Business

1630 LATHAM ROAD  
Suite, Apt. #, etc.

3. Mailing Address

1630 LATHAM ROAD  
Suite, Apt. #, etc.

City & State  
WEST PALM BEACH, FL  
Zip  
33409  
Country  
Palm Beach

City & State  
WEST PALM BEACH, FL  
Zip  
33409  
Country  
Palm Beach

4. FEI Number 65-0931944

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LEAFE, KENNETH W  
6478 WINDING LAKE DRIVE  
JUPITER FL 33458

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 KW Leafe, President

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

(NOTE: Registered Agent signature required when reinstating)

01/04/01

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 PS  
NAME LEAFE, KENNETH W  
STREET ADDRESS 6478 WINDING LAKE DRIVE  
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE VPT  
NAME HAMILTON, FRANK T  
STREET ADDRESS 237 RILYN DR  
CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 237 RILYN DRIVE ☒ Change ☐ Addition  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

KW Leafe, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90075 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)