FILED Mar 08, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DÖCUMENT # P99000094832

1. Entity Name

BLACK'S CUSTON DESIGN POOLS, INC.				03-08-2001 90070 047 ***150.00					
of Business	Mailing Address 311 16TH AVE OCOEE FL 34761								
i			, , ,	Za elonomone um trans como londo	Lainh abhr adh iar	 	HO HAL 1801		
ce of Business	3. Mailing Address	<u> </u>							
uite, Apt. #, etc. Suite, Apt. #, etc.				, DO NOT	WRITE IN THIS S	PACE			
City & State			4. F	El Number 59-360 5	5879		·	7	
Country	Zip	Country		Dertificate of Status Desire	ed- · □	8.75. Add ee Require	litional d	-	
6. Name and Address of Current Registered Agent			7. N	7. Name and Address of New Registered Agent					
BLACK, STANLEY H 1500 DOREEN AVENUE		Name	· · · · · · · · · · · · · · · · · · ·						
		Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
E FL 34761								1	
		City	FL Zip Code					1	
amed entity submits this statement for t	he purpose of changing its req	gistered office or	registered ag	ent, or both, in the State of	of Florida.			1	
		 							
ignature, typed or printed name of registered agent an	title if applicable. (NOTE: Re	egistered Agent signatui	re required when re	einstating)	DAIE			1	
Tax filling requirement and elects to do so After MAY 1, 2001		Fee will be \$5	will be \$550.00 Trust Fund Contribution.		\$5.00 May Be Added to Fees				
OFFICERS AND D	RECTORS	12.	AD	DITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11	1	
D	☐ Delete	TITLE				☐ Change	☐ Addition		
		NAME						1 3	
		STREET ADDRESS						1;	
		CITY-ST-ZIP		·] į	
	☐ Delete	TITLE				Change	☐ Addition	l	
•		NAME						1	
UUULE: FL.34/61	البلغة (البيانية ويوليد) بدائريا				مستواليق ملت	-		┦¨	
	☐ Delete	TITLE				☐ Change	☐ Addition	-	
		STREET ADDRESS							
	ce of Business etc. Country 6. Name and Address of Current Recognition of the country of the	of Business Mailing Address 311 16TH AVE OCOEE FL 34761 Ce of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent (, STANLEY H DOREEN AVENUE E FL 34761 amed entity submits this statement for the purpose of changing its registered agent and title if applicable. (NOTE R dition is eligible to satisfy its Intangible quirement and elects to do so. on back) OFFICERS AND DIRECTORS D BLACK, STANLEY H 1500 DOREEN AVE OCOEE FL 34761 D BLACK, LYNDAEY F 1500 DOREEN AVE OCOEE FL 34761	of Business Mailing Address 311 16TH AVE OCOEF FL 34761 Ce of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip Country April Country City & State Name Street Act City & State City & State City & State Name Street Act City & State Name Street Act City And I applicable. (NOTE: Registered Agent alignature in the purpose of changing its registered office or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature in the purpose of changing its registered office or purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent alignature in the purpose of changing its registered Agent	Mailing Address 311 16TH AVE OCOEE FL 34761 Ce of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Street Address of Current Registered Agent Name (, STANLEY H DOREEN AVENUE E FL 34761 City Amed entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable. (NOTE Registered Agent signature required when resulting its eligible to satisfy its Intangible purement and elects to do so. on back) OFFICERS AND DIRECTORS D OFFICERS AND DIRECTORS D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS STREET	of Business Mailing Address 311 16TH AWE OCOEE FL 34761 Ce of Business 3. Mailing Address etc. Suite, Apt. #, etc. DO NOT 1 City & State Country Zip. Country Zip. Country Zip. Country Zip. Country Zip. Country Zip. Country Street Address of No. Name Address of No. Name Street Address (P.O. Box Number is Not Accepted Agent Number is Not Acce	of Business Mailing Address 31 1 67H AVE OCOEE FL 34761 Ce of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. FEI Number 59-3605879 Country Country 2/2p Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) E FL 34761 City FL amod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. NOTE: Registered Agent significant required when rewritering City FL amod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amod entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL amod entity submits this statement for the purpose of changing its registered agent agen	of Business Mailing Address 311 18TH AVE OCOEF FL 34781 Ce of Business 3. Mailing Address Business 3. Mailing Address 31 18TH AVE OCOEF FL 34781 City & Stato City & Stato City & Stato Country DO NOT WRITE IN THIS SPACE City & Stato Country DO NOT WRITE IN THIS SPACE City & Stato Country S. Certificate of Status Desired \$8.75. Address Fee Require Name Street Address of New Registered Agent Name Street Address of New Registered Agent City FL Zip Code Street Address of New Registered Agent City FL Zip Code City FL	oe of Business 31 19TH AVE OCCE FL 34761 Country Count	

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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 4

TITLE NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

. Delete

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

☐ Addition