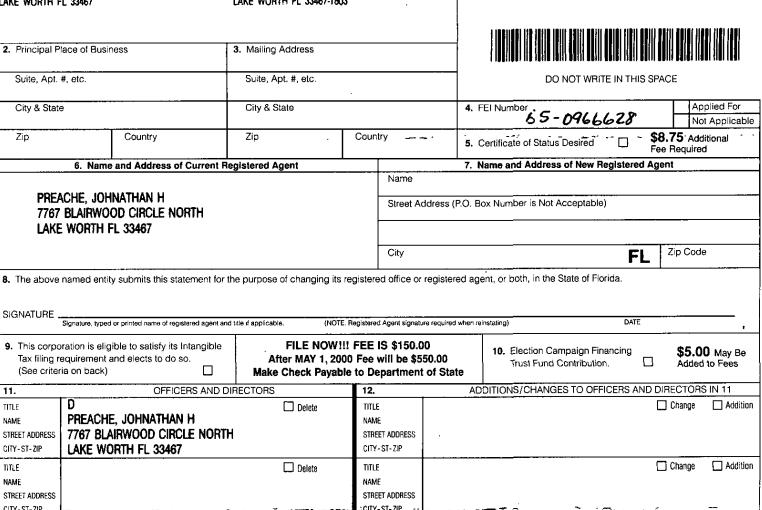
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000100011** SOUTHERN COMFORT POOLS AND SPAS, INC. Mailing Address Principal Place of Business 7767 BLAIRWOOD CIRCLE NORTH 7767 BLAIRWOOD CIRCLE NORTH LAKE WORTH FL 33467-1803 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country 6. Name and Address of Current Registered Agent Name PREACHE, JOHNATHAN H 7767 BLAIRWOOD CIRCLE NORTH

OFFICERS AND DIRECTORS

## May 08, 2000 8:00 am Secretary of State

05-08-2000 90174 011 \*\*\*150.00



STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Delete

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

SIGNATURE:

LAKE WORTH FL 33467

9. This corporation is eligible to satisfy its Intangible

PREACHE, JOHNATHAN H

LAKE WORTH FL 33467

7767 BLAIRWOOD CIRCLE NORTH

Tax filing requirement and elects to do so.

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TOWATHAM H. PREACHE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR