2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103634

1. Entity Name

ROYAL PALM POOLS & SPAS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 13 PM 4:00

Principal Place of Business	Mailing Address
5757 SOUTHSIDE BOULEVARD SUITE 5513 JACKSONVILLE | FLORIDA | 32256-3534	

REINSTATEMENT 01
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5757 SOUTHSIDE BOULEVARD	5757 SOUTHSIDE BOULEVARD
Suite, Apt. #, etc.: SUITE 5513	Suite, Apt. #, etc.: SUITE 5513
City & State: JACKSONVILLE | FLORIDA	City & State: JACKSONVILLE | FLORIDA
Zip: 32256-3534 Country: USA	Zip: 32256-3534 Country: USA

4. FEI Number: 59-3610833 ☐ 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
MARILYN J. WILKISON 365 SHARPE LANE ALPHARETTA | GEORGIA 30022-4851	Name: CHRIS B. PALKOWITSH Street Address (P.O. Box Number is Not Acceptable) 5757 SOUTHSIDE BOULEVARD | SUITE 5513 City: JACKSONVILLE FL Zip Code: 32256-3534

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: Marilyn J. Wilkison | Chris B. Palkowitsh 10-12-2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHRIS B. PALKOWITSH 5757 SOUTHSIDE BOULEVARD | SUITE 5513 JACKSONVILLE | FLORIDA | 32256-3534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MARILYN J. WILKISON 365 SHARPE LANE ALPHARETTA | GEORGIA | 30022-4851	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004740160--9 -12/26/01--01107--022 ****750.00 ****750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CHRIS B. PALKOWITSH 5757 SOUTHSIDE BOULEVARD | SUITE 5513 JACKSONVILLE | FLORIDA | 32256-3534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MARILYN J. WILKISON 365 SHARPE LANE ALPHARETTA | GEORGIA | 30022-4851	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AD

CR2E034 (11/00)

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: Chris B. Palkowitsh Marilyn J. Wilkison 10-12-2001 904-519-8049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #