Amend RL

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

06-16-2003 90347 001 *****8.75
06-16-2003 90347 002 ****61.25

FILED
SECRETARY OF STATE V59244
DIVISION OF CORPORATIONS

03 JUN 19 PM 1:53

DOCUMENT# V59244

1. Entity Name
STEVENS POOLS 2ND GENERATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2736 LAND'O'LAKES BLVD	2734 LAND'O'LAKES BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAND'O'LAKES FL	City & State: LAND'O'LAKES FL
Zip: 34639 Country: PASCO	Zip: 34639 Country: PASCO

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3139123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SHANE STEVENS

Street Address (P.O. Box Number is Not Acceptable): 2734 LAND'O'LAKES BLVD

City: LAND'O'LAKES FL Zip Code: 34639

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ SHANE STEVENS 6-11-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/OWNER	
NAME	SHANE STEVENS	
STREET ADDRESS	2734 LAND'O'LAKES BLVD	
CITY-ST-ZIP	LAND'O'LAKES FL 34639	
TITLE	VICE PRESIDENT	
NAME	COREY WOODS	
STREET ADDRESS	23224 JEROME RD	
CITY-ST-ZIP	LAND'O'LAKES FL 34639	
TITLE	SECRETARY	
NAME	DARREN J BENNETTI	
STREET ADDRESS	23131 GENEVA RD	
CITY-ST-ZIP	LAND'O'LAKES FL 34639	
TITLE	TREASURY	
NAME	LORA J STEVENS	
STREET ADDRESS	2734 LAND'O'LAKES BLVD	
CITY-ST-ZIP	LAND'O'LAKES FL 34639	
TITLE	DIRECTOR	
NAME	JIMMY D ROBERTS	
STREET ADDRESS	21321 CARSON DR	
CITY-ST-ZIP	LAND'O'LAKES FL 34639	
TITLE		
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SHANE STEVENS 6-11-03 (813) 949-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/19 AN