AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-25-2003 90096 012 ****70.00
V59244
03 JUL 31 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59244

1. Entity Name
STEVENS POOLS 2ND GENERATION INC.

10110485

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2734 Land O'Lakes Blvd
Suite, Apt. #, etc.
City & State
LAND O'LAKES FL
Zip 34639 County PASCO

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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 7-22-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	TITLE	
NAME	Jimmy O ROBERTS	NAME	
STREET ADDRESS	21321 Carson DR	STREET ADDRESS	
CITY-ST-ZIP	Land O'Lakes FL 34639	CITY-ST-ZIP	
TITLE	V. PRESIDENT	TITLE	
NAME	Corey WOODS	NAME	
STREET ADDRESS	23224 Jerome Rd	STREET ADDRESS	
CITY-ST-ZIP	Land O'Lakes FL 34639	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	DARREN BENNETTI	NAME	
STREET ADDRESS	23131 GENEVA RD	STREET ADDRESS	
CITY-ST-ZIP	LAND O' LAKES FL 34639	CITY-ST-ZIP	DO NOT WRITE
TITLE		TITLE	
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

7/31

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: OWNER
SHANE STEVENS 7-22-03 813 949-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #