

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

0252313 AV

DOCUMENT # 469421

1. Entity Name
GEORGE WARREN POOL SERVICE, INC.

01-21-2002 90008 019 ***150.00

Principal Place of Business Mailing Address
9380 SW 181ST STREET 9380 SW 181ST STREET
MIAMI FL 33157 MIAMI FL 33157
US US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1580173** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, GEORGE E.
1111 N.W. 18TH ST.
HOMESTEAD FL 33030

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 Delete
 NAME **CEO**
 STREET ADDRESS **WARREN, GEORGE E**
 CITY-ST-ZIP **1111 N W 18TH STREET**
HOMESTEAD FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **WARREN, DOUGLAS E**
 CITY-ST-ZIP **1111 N.W. 18TH ST.**
HOMESTEAD FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **WARREN, SHELBY J**
 CITY-ST-ZIP **1111 N W 18TH STREET**
HOMESTEAD FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **WARREN, DOUGLAS E**
 CITY-ST-ZIP **9380 SW 181ST STREET**
MIAMI FL 33157

TITLE Change Addition
 NAME **PRESIDENT**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP**
 STREET ADDRESS **WETHERELL, MICHAEL F**
 CITY-ST-ZIP **3219 VIRGINIA STREET, #2**
COCONUT GROVE FL 33133

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **PAUL J. KURLAND**
 STREET ADDRESS **20758 S.W. 83 AVE**
 CITY-ST-ZIP **MIAMI FLA 33189 Vice Pres.**

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: **REQUIRED** 1-8-02 305-253-5532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)