

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2000 Uniform Business Report



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 25 PM 1:02

DOCUMENT # 648020

1. Corporation Name  
POOL CONTROL, INC.



Principal Place of Business: 4838 SE 112 St Rd, Belle View, FL, 34420  
Mailing Address: 4838 SE 112 St Rd, Belle View, FL, 34420

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, and Zip/Country.

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified: 12/12/1979  
4. FEI Number: 59-1955578  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent  
ADSERABALLE, KNUD E  
4838 SE 112 St Rd  
Belle View, FL, 34420

10. Name and Address of New Registered Agent  
81 Name: 4000003416214--5  
82 Street Address: 10706700--01020--006  
83 City: \*\*\*150.00 \*\*\*150.00  
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 9/18/00

12. OFFICERS AND DIRECTORS-  
1. PD ADSERABALLE, KNUD E, 4838 SE 112 St Rd, Belle View, FLA. 34420  
2. STD ADSERABALLE, JUDITH, 4838 SE 112 St Rd, Belle View, FLA. 34420

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. PD Adserballe Knud E, 4838 SE 112 St Rd, Belle View, FLA. 34420  
2. STD Adserballe, Judith, 4838 SE 112 St Rd, Belle View, FLA. 34420

14. 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 annual report or supplement 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 registered agent; and that I execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any other like empowered.

SIGNATURE: [Signature] DATE: 9/18/00