2001, UNIFORM BUSINESS REPORT (UBR) Jun 04, 2001 8:00 am Secretary of State **DOCUMENT # G48735** SUPERIOR POOL SERVICE, INC. 06-04-2001 90006 036 ***158.75 Principal Place of Business Mailing Address 1769 N.E. SUNVIEW TERRACE 1769 N.E. SUNVIEW TERRACE JENSEN BCH FL 34957-0910 JENSEN BCH FL 34957-0910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2305850 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VEATCH, TERRY PATRICK Street Address (P.O. Box Number is Not Acceptable) 12065 SOUTH INDIAN RIVER DRIVE JENSEN BEACH FL 34957 City 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 Signature, typed or printed name of registered agent and life if applicable (NOTE: Figistered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!) FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 200 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payabl∈ to Department of State in 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE P۷ CR2E034 (10/00) ☐ Delete TITLE Change Addition NAME VEATCH, TERRY PATRICK NAME STREET ADDRESS 12065 SOUTH INDIAN RIVER DR. STREET ADDRESS CITY-ST-ZIP JENSEN BCH, FL 00000 CITY-ST-ZIP THLE ☐ Delete TIFLE Change Addition NAME VEATCH, CHARLENE NAME STREET ADDRESS 12065 SOUTH INDIAN RIVER DR. STREET ADDRESS CITY-ST-ZIP JENSEN BCH, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Adaition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete THLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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 attack?

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY - ST- 7IP

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