

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90233 039 ***150.00

DOCUMENT # P00000004310

1. Entity Name
POOL COMPANIES, INC.

| | |
|--|--|
| Principal Place of Business 962 NORTHLAKE BLVD. SUITE 199 LAKE PARK FL 33403 | Mailing Address 962 NORTHLAKE BLVD. SUITE 199 LAKE PARK FL 33403 |
|--|--|

012011



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|--|---------|
| 2. Principal Place of Business | | 3. Mailing Address 13500 Sand Ridge Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Palm Beach Gardens, Fl. | |
| Zip | Country | Zip | Country |
| 33418 | | P.B. | |

| | |
|--|--|
| 4. FEI Number 65-1025705 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYNES, JOHN
 8125 STEEPLCHASE DRIVE
 PALM BEACH GARDENS FL 33418**

| |
|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | P <input type="checkbox"/> Delete |
| NAME | HYNES, JOHN |
| STREET ADDRESS | 8125 STEEPLCHASE DRIVE |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 |
| TITLE | ST <input type="checkbox"/> Delete |
| NAME | HYNES, JACQUELINE |
| STREET ADDRESS | 12371 COCONUT |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE Hynes

Date

1/29/01

Daytime Phone #

561-842-7482

CR2E034 (10/00)