

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90052 001 ***158.75

DOCUMENT # P00000004310

1. Entity Name
POOL COMPANIES, INC.

Principal Place of Business
962 NORTHLAKE BLVD.
SUITE 199
LAKE PARK FL 33403

Mailing Address
13000 SAND RIDGE ROAD
WEST PALM BEACH FL 33418



2. Principal Place of Business
A700 Dyer Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Riviera Beach, FL

City & State

4. FEI Number **65-1025705**

Applied For
 Not Applicable

Zip **33407** Country **U.S.A.**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HYNES, JOHN
8125 STEEPLECHASE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 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 **P HYNES, JOHN**
 STREET ADDRESS **8125 STEEPLECHASE DRIVE**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST HYNES, JACQUELINE**
 STREET ADDRESS **12371 COCONUT**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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 recipient of a duly 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 my address, with all other like empowered.

SIGNATURE: Jacqueline Hynes DATE: 2/14/02 DAYTIME PHONE #: 561-626-4533

CR2E034 (9/01)