


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 024 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000034007
 1. Entity Name
POOL CARE, INC.



DO NOT WRITE IN THIS SPACE

11038827

2. Principal Place of Business
15423 SW 113 STREET
 Suite, Apt. #, etc.

3. Mailing Address
15423 SW 113 STREET
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33196

Country
USA

Zip
33196

Country
USA

4. FEI Number
65-1088295

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, PA

Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE

City
CORAL GABLES

State
FL

Zip Code
33134

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required unless renouncing.)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOHN D. ARCE 15423 SW 113 STREET MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHYLLIS D. ARCE 15423 SW 113 STREET MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERT L. ARCE 15423 SW 113 STREET MIAMI, FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplement 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *John D. Arce* **JOHN D. ARCE PRESIDENT** 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printed Name

(305) 271-7697

CR2E034B (12/02)