

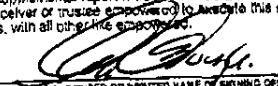
FROM :

FAX NO. :

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91758 040 ***150.00

DOCUMENT # P02000063485			
1. Entity Name WESTLAND POOL SERVICE AND SUPPLY, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 5375 WEST 20TH AVENUE		3. Mailing Address 5375 WEST 20TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33012	Country USA	Zip 33012	Country USA
4. FEI Number 55-0810504		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JESUS R. BOUZA			
Street Address (P.O. Box Number is Not Acceptable) 5375 West 20th Avenue			
City HIALEAH		FL	Zip Code 33012
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 Signature typed or printed name of registered agent and use if applicable DO NOT: Registered Agents signature required when re-appointing DATE			
Signature typed or printed name of registered agent and use if applicable		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	P/D JESUS R. BOUZA 5375 West 20th Avenue Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIGUEL BOUZA 5375 W 20 AVE HIALEAH, FLA 33012	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)(f), 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 10 or on an attachment with an address, with all other like information.			
SIGNATURE: 		Date 4/30/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 304 778-7777	