FROM : FAX NO. :

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

05-05-2003 91758 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000063485

1. Entity Name

WESTLAND POOL SERVICE AND SUPPLY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5375 WEST 20TH.AVENUE		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

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Due January 1 – May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Checks 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	P/D
NAME	JESUS R. BOUZA
STREET ADDRESS	5375 West 20th. Avenue
CITY-ST-ZIP	Hialeah, Fl. 33012
TITLE	S
NAME	MIGUEL BOUZA
STREET ADDRESS	5375 W 20 AVE
CITY-ST-ZIP	HIALEAH, FLA 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CK29283

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)(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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] S. 4/30/02 305 558-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #