## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P95000035904 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** SUTTON'S POOL SUPPLY, INC. 01-27-2000 90106 033 \*\*\*150.00 Principal Place of Business Mailing Address 500 W MERRITT ISLAND CSWY 500 W MERRITT ISLAND CSWY MERRITT ISLAND FL 32952-4861 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3316806 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUTTON, MARK Street Address (P.O. Box Number is Not Acceptable) 500 W. MERRITT ISLAND CSWY. **MERRITT ISLAND FL 32952** Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITI F ☐ Delete TITLE SUTTON, MARK NAME 500 W. MERRITT ISLAND CSWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Addition ☐ Change Delete TITI F TITLE SUTTON, VIRGINIA NAME NAME 500 W. MERRITT ISLAND CSWY. STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-7IP CITY-ST-ZIP Mackey, Richard 500 W. Merritt Island (Sug. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Merritt Island, FC 32952 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition TITLE □ Delete TITLE Sutton, Janice 500 W. Meritt Island Cry. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Merit Island, FC 32752 ( Change ☐ Addition TITLE ☐ Delete NAME MARION CONTRACTOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME

certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is located 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR