

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90034 009 \*\*\*550.00

DOCUMENT # P96000099194

1. Entity Name  
**THE POOL CENTER, INC.**

Principal Place of Business 8770 HOLIDAY SPRINGS RD ROCKLEDGE FL 32955	Mailing Address 8770 HOLIDAY SPRINGS RD ROCKLEDGE FL 32955
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3419050**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHEMERING, MARIAN**  
**8770 HOLIDAY SPRINGS RD**  
**ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name Charles Ruffenach  
 Street Address (P.O. Box Number is Not Acceptable)  
8770 Holiday Springs Road  
 City Rockledge, FL Zip Code 32955

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 Charles Ruffenach Charles Ruffenach File 8/14/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SCHEMERING, MARIAN</b>
STREET ADDRESS	<b>8770 HOLIDAY SPRINGS RD</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	<u>PRESIDENT</u>
STREET ADDRESS	<u>Charles Ruffenach</u>
CITY-ST-ZIP	<u>8770 HOLIDAY SPRING ROAD</u> <u>ROCKLEDGE, FL 32955</u>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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.

SIGNATURE: SIGNATURE REQUIRED 2/14/00 (321) 632-1144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)