2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED DOCUMENT # **P94000035869** Feb 02, 2000 8:00 am **Secretary of State** POOL BARRIER, INC. 02-02-2000 90030 026 ***150.00 Mailing Address Principal Place of Business 120 DUNES EDGE ROAD 106-COMMERCE WAY BLDG BY JUPITER FL 33477-9607 JUPITER FL 53458 2. Principal Place of Business 3. Mailing Address 1313 So. KILLIAN DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0497685 LAKE PARK Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 33403 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRYDA, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 120 DUNES EDGE ROAD JUPITER FL 33477 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE KRYDA, WILLIAM NAME NAME 1313 So. KilliAN Daile STREET ADDRESS STREET ADDRESS 106 COMMERCE WAY, B7 LAKE PARK, FL 33403 CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ★ Change ☐ Addition ☐ Delete TITLE TITLE KLEIN, GABRIELE M. NAME 1313 So. KilliANIDAIVE STREET ADDRESS 106 COMMERCE WAY, B7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK, FL 33403 JUPITER FL 33458 ☐ Addition ☐ Delete TITLE TITI F NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pure like graphwered.