# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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

SIGNATURE: CHORZELEWSKI, ADAM

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:** 4519 HUNTING TRAIL LAKE WORTH. FL 33467 US

Entity Name: ACDC POOL WORKS, INC

**Current Principal Place of Business:** 

## FEI Number: 46-3251915

DOCUMENT# P13000061222

4519 HUNTING TRAIL LAKE WORTH. FL 33467

#### Name and Address of Current Registered Agent:

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

CHORZELEWSKI, ADAM 4519 HUNTING TRAIL LAKE WORTH, FL 33467 US

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:

Title Name Address 4519 HUNTING TRAIL Address 4519 HUNTING TRL City-State-Zip: LAKE WORTH FL 33467

above, or on an attachment with all other like empowered.

Electronic Signature of Registered Agent **Officer/Dire** 

ector Detail :			
	Р	Title	V
	CHORZELEWSKI, ADAM	Name	LOCKWOOD, DANIELLE

City-State-Zip: LAKE WORTH FL 33467-3534

Certificate of Status Desired: No

## FILED Jan 11, 2023 Secretary of State 1166562475CC

Date

01/11/2023 Date

PRESIDENT