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

SIGNATURE: GARY NUCCI

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : Titl Na Ado Citv 4

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	P, D	Title	т
	Name	NUCCI, GARY	Name	NUCCI, MICHELIN
	Address	4716SW23RD AVE	Address	4716SW23RD AVE
	City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	CAPE CORAL FL 33914
	Title	S		
	Name	PATE, MEGAN K		
	Address	2525 SW 36TH LANE		

Electronic Signature of Registered Agent

City-State-Zip: CAPE CORAL FL 33914

CAPE CORAL. FL 33914 US

Name and Address of Current Registered Agent:

NUCCI, GARY 4716 SW23RD AVE CAPE CORAL, FL 33914 US

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P15000011390

Entity Name: ASAP SWIMMING POOL SERVICE, INC.

Current Principal Place of Business:

4716 SW23RD AVE CAPE CORAL, FL 33914

Current Mailing Address:

4716 SW23RD AVE

FEI Number: 47-3023560

FILED Jan 18, 2016 Secretary of State CC2670972286

Certificate of Status Desired: No

01/18/2016

Date

Date