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

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:

Officer/Director Detail :				
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	
	2			
Title	S			
Name	PATE, MEGAN K			
Address	2525 SW 36TH LANE			

(

City-State-Zip: CAPE CORAL FL 33914

Electronic Signature of Registered Agent

CAPE CORAL, FL 33914 **Current Mailing Address:**

4716 SW23RD AVE

4716 SW23RD AVE CAPE CORAL. FL 33914 US

Current Principal Place of Business:

FEI Number: 47-3023560

Name and Address of Current Registered Agent:

Entity Name: ASAP SWIMMING POOL SERVICE, INC.

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

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P15000011390

Jan 04, 2020 Secretary of State 7072045743CC

Certificate of Status Desired: No

01/04/2020

Date

Date

FILED