2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90047 012 ***150.00

DOCUMENT # 276779

1. Entity Name

AARON & DOUGLAS POOL SERVICE INC

Principal Place of Business	Mailing Address
4475 PARK LANE WEST PALM BEACH FL 33406 US	PO BOX 18828 WEST PALM BEACH FL 33416-8828 US

UUU20333

DO NOT WRITE IN THIS SPACE

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 59-1036945 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AARON, DAVID E
12510 ORANGE GROVE BLVD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name: Salfelder Ronnie F.
Street Address (P.O. Box Number is Not Acceptable): 1946 Staimford Cir.
City: Wellington FL Zip Code: 33414

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: Ronnie Salfelder PS 561-642-7006
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 $150.00
After MAY 1, 2001 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS AARON, DANNY L. 3636 D RD LOXHATCHEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS Salfelder Ronnie F. 1946 Staimford Cir. Wellington, FL 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AARON, DAVID E 12510 ORANGE GROVE BLVD ROYAL PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGLAS, HOWARD C 13662 CALLINGTON DR W PALM BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SALFELDER, RONALD F. 1946 STAIMFORD CIR WELLINGTON FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT Salfelder Karen J. 1946 Staimford Cir. Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Ron Salf Ronnie Salfelder 2-16-01 561-642-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #