2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 371403 Apr 25, 2000 8:00 am Secretary of State PAMPER POOL SERVICE, INC. 04-25-2000 90003 042 ***150.00 Principal Place of Business Mailing Address 30 S.W. 5TH COURT 30 S.W. 5TH COURT POMPANO BEACH FL 33060-7908 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1458335 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFREY ROLAND STUMP, DANIEL C 2860 Waterford Dr. <u>So</u> 2189 SE 9TH ST POMPANO BEACH FL 33060 Zip Code City Deerfield Beach 33442 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDS ■ Addition TITLE PRES./SEC. TITLE Delete NAME ROLAND, PATRICK A NAME ROLAND, BRYAN STREET ADDRESS STREET ADDRESS 1779 NE 39 CT #1103 4271 NW 53 Court CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL Coconut Creek, FL 33073 Change · Delete TITLE. TREASURER NAME ROLAND, BRYAN NAME ROLAND, JEFFREY STREET ADDRESS STREET ADDRESS 4271 NW 53 COURT CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 2860 Waterford Dr. So. TITLE ☐ Addition Delete Deerfield Beach, FL 334422nge TITLE RÓLAND, JEFFREY NAME --NAME STREET ADDRESS STREET ADDRESS 2860 WATERFORD DR CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 other like empowered.