2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 405926 Apr 23, 2000 8:00 am Secretary of State SPEC POOL SERVICE AND EQUIPMENT CORPORATION 04-23-2000 90011 030 ***155.00 Principal Place of Business Mailing Address 14855 NW 7TH AVE. 14855 NW 7TH AVE. MIAMI FL 33168-3105 MIAMI FL 33168 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State - -4. FEI-Number City & State .--59-1408694 Not Applicable \$8.75 Additional Zip ountry DADE 5. Certificate of Status Desired MADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YARBROUGH, BILL Street Address (P.O. Box Number is Not Acceptable) 14855 NW 7TH AVE. **MIAMI FL 33168** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD TITLE ☐ Change Addition Delete TITLE YARBROUGH, BILL NAME NAME STREET ADDRESS STREET ADDRESS 14855 N.W. 7TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE NAME YARBROUGH, LINDA STREET ADDRESS STREET ADDRESS 14855 N.W. 7TH AVENUE -CITY-ST-ZIP CITY-ST-ZIP MIAM) FL ☐ Change ☐ Addition □ Delete TITLE TITLE NAME 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-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 changed, or on an attachment with an address, with all other like empowered.