## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # 405926** 1. Entity Name SPEC POOL SERVICE AND EQUIPMENT CORPORATION 04-20-2001 90019 038 \*\*\*150.00 Principal Place of Business Mailing Address 14855 NW 7TH AVE. 14855 NW 7TH AVE. MIAMI FL 33168 MIAM! FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1408694 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VICKAROL W. RIDER YARBROUGH, BILL ess (P.O. Box Number is Not Acceptable) 14855 NW 7TH AVE. **MIAMI FL 33168** 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. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Addition TITLE ☐ Delete PNES YARBROUGH, BILL MICHAEL W. ODEN NAME STREET ADDRESS 14855 N.W. 7TH AVENUE STREET ADDRESS 14855 N.W. TTA AVE CITY-ST-ZIP MIAMI FL CITY-ST-ZIP STD Change ☐ Addition TITLE TITLE ☐ Delete YARBROUGH.LINDA NAME NAME 14855 N.W. 7TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE -- Change -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP