2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 31, 2000 8:00 am Secretary of State **DOCUMENT # 588834** 1. Entity Name EDAM POOL STORES, INC. 05-31-2000 90055 031 ***150.00 Mailing Address Principal Place of Business 7816 W. SAMPLE RD. 7816 W. SAMPLE RD. CORAL SPRINGS FL 33065-4710 CORAL SPRINGS FL 33065-4710 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 59-1859875 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GELLERT, ARNOLD D. Address (P.O. Box Number is Not Acceptable) 7816 W. SAMPLE RD. CORAL SPRINGS, FL LP FL 33065 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. SIGNATURA when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. President **C**hange ☐ Addition **X** Delete TITLE TITLE Michael B. Licata NAME NAME GELLERT, ARNOLD D. 1017 Creekford Dr STREET ADDRESS STREET ADDRESS 8557 NW 1ST ST CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Change ☐ Addition ☑ Delete TITLE TITLE NAME O'CONNELL, DAVID C. NAME STREET ADDRESS STREET ADDRESS 8873 NW 2ND ST CITY-ST-ZIF CITY-ST-ZIP CORAL SPRINGS FL "☐'Change" "\☐'Addition" TITLE ----TITLE - - - - -Delete NAME O'CONNELL, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 8873 NW 2ND ST CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition ☐ Change ☐ 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 underloath; 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 attackment with an address, with all offer like empowered.