2000 UNIFORM BUSINESS REPORT (UBR)

HOUSE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # 696754 1. Entity Name SUPREME POOL SUPPLY, INC.					Apr 19, 2000 8:00 am Secretary of State 04-19-2000 90042 046 ***150.00				
Principal Place of Business 3919 E. EDEN ROC CIRCLE TAMPA FL 33614		Mailing Address 3919 E. EDEN ROC CIRCLE TAMPA FL 33634-7417				~~0	บผบ บป		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPACE		
City & State		City & State		4.	4. FEI Number 59-2111406 Applied For Not Applicable				
Zip	Country	Zip	Country	5.	Certificate o	Status Desired	\$8:75 Add Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7. 1	Name and A	ddress of New Regi	stered Agent		
3919	ALLERO, HENRY E. EDEN ROC CIRCLE PA FL 33614			ss (P.O. B	ox Number	s Not Acceptable)	FL Zip Cod	 e	
9 The shows	named entity submits this statement for	or the purpose of changing its		stered an	ent or both	in the State of Florida			
- 9. This corpo Tax filing re	Signature, typed or printed name of registered agent orration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW After MAY 1, 2 Make Check Paya	TE: Registered Agent signature requirements of State of S	0 State	-10Elec Trust	tion.Campaign Financ Fund Contribution.	☐ Added	May Be	
11.	OFFICERS AND		12.	AD	DITIONS/C	HANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CABALLERO, HENRY 3919 E. EDEN ROC CIRCLE TAMPA FL 33614	□ 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the state of th	☐ 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	
of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor on an attachment with an address,	owered to execute this repor	t as required by Chapter	607, Flori	da Statutes;	Florida Statutes. I fur as if made under oath and that my name an	pears in Block 11 of	BIOCK 121	

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