2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 29, 2003 8:00 am **Secretary of State** F57892 DOCUMENT # 01-29-2003 90180 021 ***150.00 1. Entity Name FLAMINGO POOL AND SPA. INC. Mailing Address 8260 PASCAL DR Principal Place of Business COUTROOR 8260 PACAL DR PO BOX 512138 PO BOX 512138 PUNTA GORDA FL 33951-2138 PUNTA GORDA FL 33951-2138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2149196 Not Applicable Zip Country 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 MENZER, HANS Street Address (P.O. Box Number is Not Acceptable) 8260 PASCAL DR **PUNTA GORDA FL 33950** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition MENZER, HANS NAME NAME 8260 PASCAL DR PO BOX 512138 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Defete TITLE Change ☐ Addition MENZER, NATALIA NAME NAME 8260 PASCAL DR STREET ADDRESS STREET ADDRESS PUNTA GORDA FL CITY-ST-7IP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition MENZER, HANS'G'III NAME NAME ----8260 PASCAL DR PO BOX 512138 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33951 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment s, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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