2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G63109 1. Entity Name

FILED May 02, 2001 8:00 am Secretary of State

DIAMOND POOL SERVICE & MAINTENANCE, INC.						05-02-2001 90056 010 ***150.00					
Principal Place of Business 100 SO BAYSHORE BLVD CLEARWATER FL 33759 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 100 SO BAYSHORE BLV 33759 CLEARWATER FL 33759 US	100 SO BAYSHORE BLVD 33759 CLEARWATER FL 33759								
		3. Mailing Address									
		Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE						
		City & State			4. FEI Number 59-2329334				Applied For Not Applicable		
Zip Country		Zip	Zip Countr				\$8.75 Additional Fee Required				
	6. Name and Address of Cu	irrent Registered Agent			7. Name and Address of New Registered Agent					1	
HUS	SONG, ROLAND			Name -			3			<u> </u>	
100	SO BAYSHORE BLVD ARWATER FL 33759				s (P.O. Box Number	r is Not Acceptable	e)				
				City			FL	Zip Cod	le		
8. The above	named entity submits this statem	nent for the purpose of changing	its registere	ed office or regist	tered agent, or both	, in the State of Flo	orida.			İ	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable. (N	IOTE: Registere	d Agent signature requi	red when reinstating)		DATE		<u>.</u> _		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1,	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			ition Campaign Fin It Fund Contribution		\$5.0 Added	00 May Be d to Fees		
11.		AND DIRECTORS	12.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	RECTOR	S IN 11	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HUSSONG, ROLAND 14698-56 ST NO CLEARWATER FL	☐ Delete] Change	☐ Addition	E034 /10/00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					C] Change	Addition	2	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Ε] Change	☐ Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I] Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREE] Change	☐ Addition		

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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLGNA HUSSONG