4 JU1 UNIFURM BUSINESS RE Uni (UBm)

FILED **DOCUMENT # H76514** Feb 08, 2001 8:00 am 1. Entity Name RICHARD LAABS POOL CONSTRUCTION AND REPAIR, INC. **Secretary of State** 02-08-2001 90019 018 ***150.00 Principal Place of Business Mailing Address % RICHARD LAABS % RICHARD LAABS 1231 W. 13TH ST. 1231 W. 13TH ST. RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2595615 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 Name LAABS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1231 W. 13TH ST. RIVIERA BEACH FL 33404 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. PD TITLE ☐ Delete TITLE ☐ Addition LAABS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1231 W. 13TH ST. CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH FL ☐ Addition TITLE ☐ Delete TIT! F ☐ Change LARCHER, CYNTHIA C NAME NAME STREET ADDRESS STREET ADDRESS 1231 W 13TH ST CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH FL 33404 TITLE ☐ Delete __ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 404 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like expowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEDOR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #

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