

J78888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

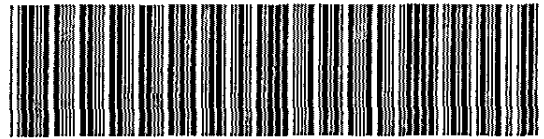
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SECRETARY OF STATE
TALLAHASSEE, FL 32310

P. A. Chang

G. Coulllette NOV 08 2004

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pool Doctor of the Palm Beaches, Inc.

(Name of corporation)

DOCUMENT NUMBER: J78888

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Hamil

(Name of contact person)

Pool Doctor of the Palm Beaches, Inc.

(Firm/Company)

3900 B Consumer St

(Address)

Riviera Beach, FL 33404

(City/state and zip code)

For further information concerning this matter, please call:

Michealla Smith

(Name of contact person)

at (561) 844-0393

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**