

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91168 049 \*\*\*150.00

**DOCUMENT # K20888**

1. Entity Name

BLUE MARLIN POOLS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

8128 Rodeo Drive  
Suite, Apt. #, etc.

P. O. Box 3355  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, Fl

City & State

Boynton Beach, Fl

4. FEI Number

65-0045560

Applied For  
Not Applicable

Zip

33467

Country

Palm Bch.

Zip

33424

Country

Palm Bch.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Adams

Street Address (P.O. Box Number is Not Acceptable)

710 Claremore Drive

City

West Palm Beach

FL

Zip Code

33410

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** - May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President John H. Adams, III 8128 Rodeo Drive Lake Worth Fl 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Shelley Adams 8128 Rodeo Drive Lake Worth, Fl 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)