

150,000  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90065 013 \*\*\*150.00

**DOCUMENT # K23117**

1. Entity Name

**SUN-DAY POOL SERVICE, INC.**

Principal Place of Business

Mailing Address

~~1421 N.E. 171ST ST.~~  
~~APT. 11~~  
~~NORTH MIAMI BEACH FL 33162~~  
~~US~~

1065 N.E. 125TH ST.  
 STE. 317  
 NORTH MIAMI FL 33161-5833  
 US

2. Principal Place of Business

3. Mailing Address

256 Three Islands Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 256, Unit 108

City & State  
 Hallandale, FL

City & State

Zip  
 33009

Country  
 USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0053101**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERRANO, RAUL O., JR. CPA, PA**  
**1065 N.E. 125TH STREET**  
**STE. 317**  
**NORTH MIAMI FL 33161**

Name

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

City

**FL**

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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | PD  | <input type="checkbox"/> Delete |
| NAME           | THEODORE, JACK N.                         |                                 |
| STREET ADDRESS | <del>1421 N.E. 171ST ST., APT. 11</del>   |                                 |
| CITY-ST-ZIP    | <del>N. MIAMI BEACH FL</del>              |                                 |
| TITLE          | V   | <input type="checkbox"/> Delete |
| NAME           | STYRON, JAMES                             |                                 |
| STREET ADDRESS | 1421 N.E. 171 ST. ST., <del>APT. 11</del> |                                 |
| CITY-ST-ZIP    | N. MIAMI BEACH FL                         |                                 |
| TITLE          |   | <input type="checkbox"/> Delete |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> Delete |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> Delete |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |
| TITLE          |   | <input type="checkbox"/> Delete |
| NAME           |   |                                 |
| STREET ADDRESS |   |                                 |
| CITY-ST-ZIP    |   |                                 |

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Apt 108  |
| STREET ADDRESS | 256 Three Islands Blvd, Bldg 256   |
| CITY-ST-ZIP    | Hallandale, FL 33009   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 1421 NE 171st St., Apt. 5  |
| CITY-ST-ZIP    | N. Miami Beach, FL 33162   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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:

*Jack N. Theodore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack N. Theodore, Pres. / 27-2000 305-945-3441

Date

Daytime Phone #

CR2E034 (9/99)