2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # K62656** 1. Entity Name ULTIMATE POOLS, INC. 04-30-2001 90334 034 ***158.75 Principal Place of Business Mailing Address 4450 SW 61ST AVENUE. UNIT 8 4450 SW 61ST AVENUE, UNIT 8 DAVIE FL 33314 **DAVIE FL 33314** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0164116 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYNATT, HAROLD E Street Address (P.O. Box Number is Not Acceptable) 4450 S.W. 61ST AVENUE UNIT # 8 DAVIE FL 33314 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ■ Addition ☐ Delete TITLE MYNATT, HAROLD NAME NAME 13521 SW 9TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Change ☐ Addition ☐ Delete TITLE TITLE TANNER, ZACK C NAME STREET ADDRESS 2813 NE 21ST AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL Addition. Change . Delete ~ TITL F TITLE ----MYNATT, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 13521 SW 9TH COUR CITY-ST-ZIP CITY-ST-ZIP DVAIE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME TANNER, ZACK C. NAME STREET ADDRESS STREET ADDRESS 2813 NE 21ST AVENUE CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

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