


FILED
Sep 05, 2003 8:00 am
Secretary of State

7/10

07-10-2003 90052 036 ***150.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000023504			
1. Entity Name POOLDEVELOPERPRO.COM, LLC			
Principal Place of Business 360 NE 4TH STREET DELRAY BEACH FL 33483		Mailing Address 360 NE 4TH STREET DELRAY BEACH FL 33483	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0155829		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIDOLFO, PHILLIP T JR, ESQ GREENBERG TRAURIG, P.A. 777 S. FLAGLER DRIVE, SUITE 300 EAST WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT THOMAS REARDON 151 N LAKESHORE DR. HYPOLEND, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		SIGNATURE REQUIRED 7/3/03 561-278-3515	

CR2003 (4/03)

Attachment

55055.756

#L02000023504

July 3, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: PoolDeveloperPro

EIN Document # L02000023504

Gentlemen:

As the owner and sole director of the above referenced corporation, I am writing you to request reinstatement of the corporation. I am requesting a waiver of any reinstatement fees for 2003 based upon the following reasons. I never received my 2003 Annual Report. I would have filed the Annual Report if I had received it, but that was not the case. My accountant has since brought the annual filing requirement to my attention. I will file the Uniform Business Reports for future years in a timely manner (on or before May 1).

I have enclosed a completed Uniform Business Report along with a check for \$150 payable to the Department of State representing the annual fee for 2003. Based upon the above information, please reinstate my corporation and grant me a one-time waiver of reinstatement fees. Thank you in advance for your cooperation.

Sincerely

Enclosures