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2002 Uniform Business Report (UBR)

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # L48141 04-01-2002 90667 010 ***150.00 ALL CLEAR POOL SUPPLIES, INC. Principal Place of Business Mailing Address 13110 COOPER RD 13110 COOPER RD SPRING HILL FL 34609 SPRING HILL FL 34609 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Suite, Apt-#, etc. City & State City & State Applied For 4. FEI Number 59-2991872 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEHLHABER, ERIC C Box Number is Not Acceptable) 13110 COOPER RD SPRING HILL FL 34609 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back), Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE NAME FEHLHABER, ERIC C NAME STREET ADDRESS STREET ADDRESS 13110 COOPER RD CITY-ST-ZIP CITY-ST-ZIP spring Hill Fl ☐ Delete TITLE TITLE NAME NAME FEHLHABER, JANET M STREET ADDRESS STREET ADDRESS 13110 COOPER RD CITY-ST-ZIP CITY-ST-ZIP spring Hill Fl ☐ Addition TITI F ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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