

MO 1000000044

STATEMENT OF FACT AFFIDAVIT

5/7/28/23

BEFORE ME, the undersigned notary public, personally came and appeared:

LUTHER WILLEMS

500413017015

who, after being duly sworn, did depose and testify as follows:

1. His name is Luther Willems, and he is a resident of St. Tammany Parish, Louisiana. He is the age of majority and is competent to provide this Affidavit.
2. He is currently the Vice President and Chief Human Resources Officer of SCP DISTRIBUTORS LLC ("SCP").
3. As the Vice President and Chief Human Resources Officer of SCP, he is familiar with its business operations, including its operations and corporate filings in Florida, and is duly authorized by SCP to provide this Affidavit.
4. On July 27, 2023, SCP became alerted to at least two fraudulent filings with the Florida Department of State, Division of Corporations, through its Sun Biz system, changing the names of the officers and registered agent for SCP.
5. SCP is aware that fraudulent filings making the foregoing changes were made through the SunBiz system on July 26, 2023, and again on July 27, 2023. Copies of the fraudulent and unauthorized filings are attached hereto as *in globo* Exhibit "A."
6. The fraudulent filings have been reported to the Lee County Sheriff's Office by an authorized manager and representative of SCP, David Appleby. A true and accurate copy of the Sworn Affidavit provided by David Appleby, on behalf of SCP, to the Lee County Sheriff's Office is attached hereto as Exhibit "B."
7. SCP attempted to correct the fraudulent filings with the Florida Department of State,

- Division of Corporations, through its SunBiz online filing system, promptly upon learning of the fraudulent filings on July 27, 2023.
8. SCP's attempted filing to correct the Florida of State's records, however, was rejected on the basis that SCO "can file only one filing a day." Accordingly, upon information and belief, because of the fraudulent filing on July 27, 2023, the SunBiz system would not allow SCP to file a correction with the Florida Department of State, Division of Corporations. A true and accurate copy of the notice of rejection received in connection with SCP's attempt to correct the record is attached as Exhibit "C" hereto.
 9. The correct designation of officers and registered agent for SCP is identified in SCP's 2023 Foreign Limited Liability Company Annual Report, a true and accurate copy of which is attached as Exhibit "D" hereto.
 10. SCP hereby respectfully puts the Florida Department of State, Division of Corporations on notice of the fraudulent filings changing the officers and registered agent for SCP with the Florida Secretary of State and requests that corrective action be taken.
 11. SCP is prepared to make a filing with the Florida Department of State, Division of Corporations today correcting the record identifying its officers and registered agent, but the Florida Secretary of State's representative refused such a filing by fax without first receiving a check or money order creating a prepaid account.
 12. SCP's Assistant General Counsel, Everett Fineran, may be reached at (985) 263-0135 or by email at Everett.fineran@poolcorp.com to coordinate an immediate filing to correct the record and mitigate damages from what, on information and belief, is an active attempt to defraud SCP and/or its customers.

[SIGNATURE ON FOLOWING PAGE]



LUTHER WILLEMS

Sworn to and subscribed before me,
this 27th day of July, 2023.



NOTARY PUBLIC

EVERETT R. FINERAN
NOTARY PUBLIC
LSBN 31153
NOTARY NO. 086058
Parish of Orleans, State of Louisiana
My Commission is issued for life.

2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M01000000044

Entity Name: SCP DISTRIBUTORS LLC

Current Principal Place of Business:

8030 SUPPLY DR
FORT MYERS, FL 33912

Current Mailing Address:

3027 CHURCH AVE
SARASOTA, FL 34234 US

FEI Number: 93-2564376

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHANNON, MELISA
3027 CHURCH AVE
SARASOTA, FL 34234 US*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: MELISA SHANNON

07/26/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SHANNON, MELISA
Address	3027 CHURCH AVE
City-State-Zip:	SARASOTA FL 34234

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

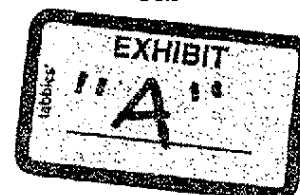
SIGNATURE: MELISA SHANNON

MRG/OWNER

07/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date



2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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8030 SUPPLY DR
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SHANNON, MELISA
3027 CHURCH AVE
SARASOTA, FL 34234 US*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: MELISA SHANNON

07/27/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SHANNON, MELISA
Address	3027 CHURCH AVE
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SIGNATURE: MELISA SHANNON

MGR

07/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

LEE COUNTY SHERIFF'S OFFICE
WAIVERS / AFFIDAVITS

Page 1 of 1

L. CFS No.

23-325265

2. Type of Incident

Identity Theft

X 3. I, (name of person signing): David Appleby the undersigned

☐ **CONSENT TO BE INTERVIEWED**

I, [Int. _____] hereby consent to being interviewed by the below listed Lee County Sheriff's Office Law Enforcement Official concerning the above listed incident / offense and I further understand that:

- 1) I have the right to remain silent and can invoke this right at any time during questioning;
- 2) If I do make a statement, anything I say can be used against me in court;
- 3) I have the right to talk to a lawyer/attorney for advice before answering any questions and to have a lawyer/attorney with me during questioning;
- 4) If I cannot afford a lawyer/attorney, one will be appointed to me without charge before any questioning if I wish;
- 5) If I decide to answer questions without a lawyer/attorney present, I will still have the right to stop answering at any time. I also have the right to stop answering at any time until I talk to a lawyer/attorney;
- 6) I understand each of these rights;
- 7) I have not previously requested any law enforcement officer to allow me to speak with a lawyer/attorney;
- 8) With the above-listed rights in mind, I wish to make a statement and/or answer any questions by any Lee County Sheriff's Office Law Enforcement Official.

☐ **CONSENT TO SEARCH / WAIVER OF SEARCH WARRANT**

I, [Int. _____] hereby consent that the premises / vehicle / boat located at:

may be searched by any Lee County Sheriff's Office Law Enforcement Official. This consent extends to the main building and any enclosures found on the property. I further agree that anything or any article that may be found in the search of the premises / vehicle / boat may be used at trial in any manner of which I may stand accused. I fully understand my constitutional rights in regard to the search and it is my intention to fully and completely waive such rights by this consent. I give this consent freely and voluntarily, without compulsion or threat of any kind. I further swear or affirm that I am the true and sole owner of the property to be searched; or I represent the owner and have the authority to consent to this search.

☐ **WAIVER OF PROSECUTION**

I, [Int. _____] request not to prosecute _____ by the Lee County Sheriff's Office regarding my complaint. I am satisfied with the manner in which the investigation was conducted and release the Lee County Sheriff's Office of any responsibility regarding this complaint. I request that any further investigation not be pursued.

X **TRUTH / DESIRE TO PROSECUTE AFFIDAVIT**

I, [Int. DA] certify that the statements made to the below listed Lee County Sheriff's Office concerning the above listed incident/offense were voluntarily made and true to the best of my knowledge. I further certify that I am willing to prosecute in this case. I understand that anyone found guilty of providing false information concerning the alleged commission of any crime is GUILTY OF A MISDEMEANOR OF THE FIRST DEGREE, punishable by a definite term of imprisonment not exceeding one year and/or a fine not exceeding \$1,000.00 (Florida Statutes §37.05, 775.082 and 775.083).

X **RECEIPT OF VICTIMS' RIGHTS INFORMATION**

I, [Int. DA] have been provided with my victims' rights information. I elect to receive my victims' rights information via my email address: David.Appleby@poolcorp.com. I elect to receive printed documents depicting my victims' rights information.

Signed this 27 Day of July, 2023, at 1037 hours.

Subject: David Appleby Witness (if available): _____

Deputy and ID#: Harvey, 22101 Witness (if available): _____



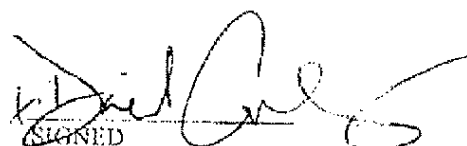
LEE COUNTY SHERIFF'S OFFICE
SWORN AFFIDAVITCOUNTY OF LEE
STATE OF FLORIDALCSO CTS NO: 23-325265DATE: 07/27/2023NAME: David Appleby HEIGHT: 6'0 WEIGHT: 250 HAIR: Brown EYES: BlueDATE OF BIRTH: 10/17/1971 PLACE OF BIRTH: ILHOME ADDRESS: 17527 Elk Grove Lane Estero FL 33928HOME TELEPHONE NUMBER: 847 293 2761WORK NAME AND ADDRESS: SCP Distributors 8030 Supply Drive Ft. Myers FL 33912WORK TELEPHONE NUMBER: 239 223 5362

CELL/ALTERNATE PHONE NUMBER: _____

X1 David ApplebyN. Harrington 22-101
NOW WISH TO MAKE THE FOLLOWING SWORN AFFIDAVIT TO
WHO I KNOW TO BE A DEPUTY SHERIFF, WITH THE LEE
COUNTY SHERIFF'S OFFICE, WHO IS EMPOWERED BY FLORIDA STATUTE TO TAKE SWORN TESTIMONY.

I, David Appleby, was notified by phone on 7/26/23 by Matt (610) 858 6324 he was a representative of Wayne Wiles business located on Supply Drive in Fort Myers. He informed me that there was mailboxes broken into on the street (Supply Drive) and mail was taken. He stated that his and SCP information had recently changed on SunBiz. SunBiz is a website in Florida used to store business information. I then renewed the SunBiz account and validated the changes to both SCP & Wayne Wiles account. I printed the changes and have added them to this report. At the time of this report I cannot validate if any checks have been taken or cashed on the companies behalf. I spoke with Matt again on 7/27/23 and he informed that they had created a report and suggested I do the same with Lee County Sheriff Dept. He also mentioned that the SunBiz account had been changed for both of us again this morning.

SWORN TO AND SUBSCRIBED PHYSICALLY BEFORE ME

THIS 27 DAY OF July, 2023N. Harrington 22-101
NOTARY PUBLIC / DEPUTY SHERIFF

SIGNED

Carminé Marceno
Sheriff



State of Florida
County of Lee

VICTIM RESPONSIBILITY AFFIDAVIT

X Victim Name: DAVID Appleby (SCP Distributors)
Date: 07/27/2023
CFS: 23-325265
Offense: Identity Theft

Check all that apply

- ☐ Credit Card Fraud / Debit Card Fraud:
1. Credit Card / Debit Card issuer and number (Visa, Mastercard, American Express, etc)
2. Credit Card / Bank Statement showing the fraudulent charges
Must Include: Date(s), Time(s) and Location of Transaction
3. Copy of a Fraud Affidavit or Fraud Affidavit Number from Banking / Credit institution
- ☐ Check Fraud / Uttering Forged Instrument:
1. Suspect Check – Original or Color Photocopy (must include front and back)
2. Bank Account Statement showing the fraudulent activity
Must Include: Date(s), Time(s) and Location used
3. Copy of the Fraud Affidavit filed with the Banking Institution
- ☒ Identity Theft:
1. Any Document showing the companies, account numbers or institutions that the victim learned or suspects their identity was compromised.
2. Copy of Victim's Credit Report confirming claims of malfeasance.
- ☐ Scheme to Defraud:
1. Any document used to facilitate the alleged scheme; including, but not limited to, mail, email, correspondence, etc
2. Method of Payment (ie Money Gram, Gift Cards Purchased, Western Union, etc)
3. Receipts of Payment, Location of Payment and Location Sent.

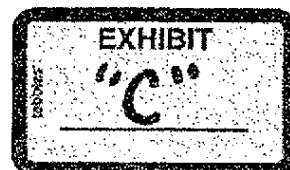
The Lee County Sheriff's Office in conjunction with the State Attorney's Office of the 20th Judicial Circuit, requires documentation confirming a crime has been committed in order for an investigation to proceed. The aforementioned documents are necessary for investigation and prosecution of the criminal violations outlined above. Failure to provide necessary documentation within 10 days of the filed complaint may result in termination of investigation. Mail documents to the address listed below or email them to ECUVictimForms@sherifflee.org.

X David Appleby, certify that I have read and understand my responsibilities and agree to cooperate with the Lee County Sheriff's Office 07/27/2023 Date Signed.

Failure to proceed with the investigation WILL NOT have an effect on re-imbursement from any financial institution.



"The Lee County Sheriff's Office is an Equal Opportunity Employer"
1039 SE 9th Place Suite 222, Cape Coral, FL 33990 • (239) 477-1000



203614

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DOCUMENT# M01000000044

Entity Name: SCP DISTRIBUTORS LLC

Current Principal Place of Business:

109 NORTHPARK BLVD.
COVINGTON, LA 70433

Current Mailing Address:

109 NORTHPARK BLVD., STE. 125
COVINGTON, LA 70433

FEI Number: 36-3926337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: DIRECTOR AND CEO AND
Name: ARVAN, PETER D.
Address: 109 NORTHPARK BLVD.
City-State-Zip: COVINGTON LA 70433

Title: DIRECTOR, CHIEF LEGAL OFFICER,
VICE PRESIDENT AND SECRETARY
Name: NEIL, JENNIFER M
Address: 109 NORTHPARK BLVD.
City-State-Zip: COVINGTON LA 70433

Title: VP, CFO, TREASURER
Name: HART, MELANIE
Address: 109 NORTHPARK BLVD.
City-State-Zip: COVINGTON LA 70433

Title: GROUP VICE PRESIDENT
Name: ST. ROMAIN, KENNETH G.
Address: 109 NORTHPARK BLVD.
City-State-Zip: COVINGTON LA 70433

Title: CHIEF MARKETING OFFICER, VP
Name: WILLIAMS, DONNA
Address: 109 NORTHPARK BLVD.
City-State-Zip: COVINGTON LA 70433

Title: CHIEF INFORMATION OFFICER, VP
Name: MARSHALL, TODD
Address: 109 NORTHPARK BLVD.
City-State-Zip: COVINGTON LA 70433

Title: VP, OPERATIONS & SUPPLY CHAIN
Name: MIHALY, IKE
Address: 6385 150TH AVENUE NORTH
City-State-Zip: CLEARWATER FL 33760

Title: VP, CHIEF HUMAN RESOURCES
OFFICER
Name: WILLEMS, LUTHER
Address: 109 NORTHPARK BLVD., STE. 125
City-State-Zip: COVINGTON LA 70433

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other who are empowered.

SIGNATURE: JENNIFER M. NEIL

SECRETARY

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

