

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 11, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000020812**1. Entity Name
POOL MASTERS OF SOUTH FLORIDA, INC.Principal Place of Business
3380 PINEWALK DR N, APT 1115
MARGATE FL 33063
Mailing Address
3380 PINEWALK DR N, APT 1115
MARGATE FL 330632. Principal Place of Business
9203 NW 68TH STREET
3. Mailing Address
9203 NW 68TH STREET

Suite, Apt. #, etc.

City & State
TAMARAC FL
City & State
TAMARAC FLZip
33321
Country
Zip
33321
Country4. FEI Number
65-0987838
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKENNEN ALBERT J
3380 PINEWALK DR N, APT 1115
MARGATE FL 33063**7. Name and Address of New Registered Agent**Name
KENNEN ALBERT J
Street Address (P.O. Box Number is Not Acceptable)
9203 NW 68TH STREET
City
TAMARAC FL
Zip Code
33321

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 _____ **07/11/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE D ☐ Delete
NAME KENNEN KANDY P
STREET ADDRESS 3380 PINEWALK DR N, APT 1115
CITY-ST-ZIP MARGATE FL 33063TITLE D ☐ Delete
NAME KENNEN ALBERT J
STREET ADDRESS 3380 PINEWALK DR N, APT 1115
CITY-ST-ZIP MARGATE FL 33063TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition
NAME KENNEN KANDY P
STREET ADDRESS 9203 NW 68TH STREET
CITY-ST-ZIP TAMARAC FL 33321TITLE D ☒ Change ☐ Addition
NAME KENNEN ALBERT J
STREET ADDRESS 9203 NW 68TH STREET
CITY-ST-ZIP TAMARAC FL 33321TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Albert J. Kennen

D

07/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)