2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 15, 2001 8:00 am Secretary of State DOCUMENT # P00000035389 05-16-2001 90207 007 ***150.00 BLUE HAVEN POOLS OF FLORIDA EAST COAST, INC. Principal Place of Business Mailing Address 1842 S. SEAGROVES ST. 1842 S. SEAGROVES ST. S. DAYTONA FL 32119 S. DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Numb City & State City & State Applied For Not Applicable Ζiρ Country Zip 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 Name SOLITARIO, DOMINICK Street Address (P.O. Box Number is Not Acceptable) 1842 S. SEAGROVES ST. S. DAYTONA FL 32119 City 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. red agent and title if applicable. (NOTE: Registered Agent algorature required when reinstation 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition CR2E034 (10/00) Delata TITLE TITLE ZABERER, RONALD A NAME NAMÉ 636 BROADWAY STE, 310 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92101 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE WATERS, CHRIS NAME NAME 636 BROADWAY STE. 310 STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92101 ☐ Change Addition TIFLE □ Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 TITLE ☐ Delete TITE F ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED