5/7

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State
05-23-2001 91167 014 ***150.00

DOCUMENT # P00000050021

1. Entity Name
MICHELLE'S POOLS, INC (LA)

Principal Place of Business	Mailing Address
150 N.W. 35TH CT. OAKLAND PARK, FL 33309	150 N.W 35TH CT. OAKLAND PARK, FL 33309

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
150 NW 35TH CT.	150 NW 35TH CT.
Suite, Apt. #, etc. OAKLAND PARK, FL	Suite, Apt. #, etc. OAKLAND PARK, FL
City & State FLORIDA	City & State FLORIDA
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 65-01-7332 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FORTIER KEVIN
150 N.W. 35TH CT.
OAKLAND PARK, FL
33309

7. Name and Address of New Registered Agent

Name: MICHAEL BLOCK
Street Address (P.O. Box Number is Not Acceptable): SAME
City: SAME 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.

SIGNATURE: Michael Block (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/01

9. 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 the fee will be $500.00 (Make Check Payable to Department of State)

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: PTSD NAME: FORTIER KEVIN STREET ADDRESS: 150 NW. 35TH CT. CITY-ST-ZIP: OAKLAND PARK FL. 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VP NAME: MICHAEL BLOCK STREET ADDRESS: 3652 N. ANDREWS AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Michael Block VP 954-566-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TITLE — Daytime Phone #