FL[illegible] -IT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2/24/02-90003-047-$150.00-$150.00

DOCUMENT # P00000052406

1. Entity Name
FIRST CHOICE POOL CARE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 28 PM 4:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3718 2ND DR. N.E.	3718 2ND DR. N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL.	City & State: BRADENTON, FL.
Zip: 34208 Country: USA.	Zip: 34208 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1065677 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: HUNTER HAGERMAN
Street Address (P.O. Box Number is Not Acceptable): 3718 2ND DR. N.E.
City: BRADENTON FL Zip Code: 34208

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: Hunter Hagerman 2-11-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	HUNTER HAGERMAN
STREET ADDRESS	3718 2ND DR. N.E.
CITY-ST-ZIP	BRADENTON, FL. 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Hunter Hagerman 2-11-02 941-749-5507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/28/02 aw