## 5/2

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	JMENT # POOOOO GROUP, INC.	063682	70,	Jun 02, 2001 8:00 an Secretary of State 05-02-2001 90019 016 ***150.00
Principal Place of Business 1211 SANDPIPER LANE LANTANA FL 33462-4213		Mailing Address 1211 SANDPIPER LANE LANTANA FL 33462-4213	The second secon	73933
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· .	DO NOT WRITE IN THIS SPACE
City & State		City & State	<u>,</u>	4. FEI Number Applied For 6 5 - 10 2 0 - 2 2 0 Not Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Regulred
5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Street Addre	7. Name and Address of New Registered Agent  LAINE GARNETT  ass (P.O. Box Number is Not Acceptable)  II SAUB PIPER LANG	
	···	•	City	LANTABA FL Zip Code  2 July ABA FL Zip Code  3 3 4 6 2  Istered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its Intangular FILE NOW!!!			F spistered Apert signature rec II FEE IS \$150.00 D1 Fee will be \$550.0 le to Department of	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	PSTD   Garnett, Elaine   1211 SandPiper Lane   Lantana Fl. 33462-4213	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Change Addition CO
TITLE NAME STREET ADDRESS CITY: ST-ZIP	VD GARNETT, LINDSEY B 1211 SANDPIPER LANE LANTANA-FL-33462-4213 +	☐ Delste	NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition 문
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVINIA LE SONDE TE IO	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	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
of the corp	on this report or supplemental report is	itrue and accurate and that my owered to execute this report a	/ ε ignature shall have ti	Section 119.07(3)(i), Florida Statutes, I further certify that the information ne same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if