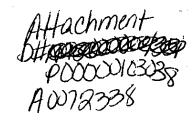
FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 30, 2001 8:00 am DOCUMENT # Pood 103038 Secretary of State 1. Entity Name PABLO Pools, INC. 05-30-2001 90035 013 ***150.00 Principal Place of Business BIT 7th AUG N. JACKSONVILLE BEACH, 12 32255 A0072338 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 9-3680467 Not Applicable Zip 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 KARL B. MANGES Street Address (P.O. Box Number is Not Acceptable) 817 7th Ave N. JACKED VILLE BOACH, FL City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida 5-24-01 SIGNATURE Signature, typed or printed nar (NOTE Registered Agent signature required when reinstating) of registered agent and title if applicable. FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 | Fee will be \$550.00 Make Check Payabi to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition Delete Change | TITLE TITLE KARL B. MANGES NAME NAME BIT 7th AVE. N STREET ADDRESS STREET ADDRESS JACKSONVIlle BEACH, 12 32250 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Stacy R. Manges NAME NAME 7th Aus N. STREET ADDRESS STREET ADDRESS TACKSONVILLE BEACH, FZ 32250 CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE ☐ Change Andition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Acdition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIFLE · Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 5-24-01 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Daytime Phone #





Income Tax Services
Financial & Insurance Services
Accounting & Bookkeeping Services

JAMES K. REESE, EA RICHARD L. ROSS, EA

1201 North Third Street • Jacksonville Beach. Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

May 24, 2001

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Pablo Pools, Inc. - 2001 Uniform Business Report

Dear Sir or Madam:

Please find the enclosed 2001 UBR for the above referenced Taxpayer and Check for \$150.00. Mr. Manges never received his pre-printed UBR for 2001. Upon our quarterly reviews with Mr. Manges, we asked about the filing of the UBR and he mentioned he never received the report. We immediately completed the enclosed form and are submitting it for your approval. We request your assistance in accepting this report and the fees associated with it.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

Enclosures: UBR 2001

Check for \$150.00