2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P00000110710 1. Entity Name FLORIDIAN POOLS BY RICKY, INC. 03-06-2001 90006 047 ***158.75 Principal Place of Business Mailing Address 4055 EASTRIDGE DRIVE 4055 EASTRIDGE DRIVE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 1620 N.W. 564 DRIVE H620 N.W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For .1062601 Not Applicable \$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 USHER-DAVIS, VICKY **4055 EASTRIDGE DRIVE** POMPANO BEACH FL 33064 ²33876 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 (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete VICKY USHER-DAVIS NAME USHER-DAVIS, VICKY 11620 N.W 561 DRIVE STREET ADDRESS STREET ADDRESS 4055 EASTRIDGE DRIVE COLAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Defete TITLE NAME NAME RICKY L DAVIS 11620 N.W. 56 DRIVE #106 CORAL SPRINGS FL. 33076 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 'TITLE" ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP