

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000019089

FILED
Apr 17, 2003
Secretary of State

Entity Name: POOL RX, INC.

Current Principal Place of Business:

5816 MASTERS BLVD.
ORLANDO, FL 32819

New Principal Place of Business:

2447 S. HIAWASSEE RD.
ORLANDO, FL 32819

Current Mailing Address:

5816 MASTERS BLVD.
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3701451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POONAWALA, KARIM
5816 MASTERS BLVD.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAJAN, ARIF
Address: 7041 GRAND NATIONAL DR STE 215
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: POONAWALA, KARIM
Address: 5816 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIM POONAWALA

PRES

04/17/2003

Electronic Signature of Signing Officer or Director

Date