FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)					FILED		
1. Entity Name POID BOK 0501					03 OCT -9 AM 10: 37		
DO NOT WRITE IN THIS SPACE					SECFICTARY OF STATE FALLAHASSEE, FLORIDA		
						وروس المسائد	
2. Principal Place of Business 3351 ROGERS DR		3. Mailing Address			تناسلات لواراز زرار		3 0 >
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SF	PACE
City & State		City & State		4. FEI Number Applied For			
DRLANDO, FL Zip Country		Zin	Zip Country		59-3711868	<u> </u>	Not Applicable \$8.75 Additional
32805	USA				5. Certificate of Status Desired		Fee Required
				7. Name and Address of Current Registered Agent Name			
DO NOT WRITE				MOORE, JOSEPH			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) 3351 ROGERS DR			
	n this s	PACE		3351 RUGER	5 DR		<u></u>
				City		$\overline{}$	Zip Code
				ORLANDO	<u> </u>		32805
					stered office or registered agent,	or boti	h, in the
State of Florida am familiar with, and accept the obligations of registered agent. SIGNATURE MOORE, JOSEPH 8/15/2003							
Signature, type or printed name of registered agent and title if applicable. (NOTE: Regist					tered Agent signature required when reinsta		DATE
January 1 - May 1/Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						\$5.00 May Be Added to Fees	
0.	OFFICERS	AND DIRECTORS	11.	;			
TITLE NAME	PD MOORE, JOSEPH	1		TLE AME			
STREET ADDRESS	3351 ROGERS DI	R	\$1	REET ADDRESS	Š		
CITY-ST-ZIP TITLE	ORLANDO, FL 32	2805		TY-ST-ZIP TLE	BUUUESEKS	. Est	<u>.</u>
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CITY-ST-ZIP			CI	TY-ST-ZIP			
TITLE NAME				TLE XME			
STREET ADDRESS			ST	REET ADDRESS	š		
CITY-ST-ZIP 2. I hereby certify that t	the information supplie	ed with this filing does not au		TY-ST-ZIP or the exemption s	tated in Section 119.07(3)(i), Florida	Statute	s I further
certify that the inform as if made under oat	nation indicated on thi th; that I am an office	is report or supplemental reported or director of the corporation	ort is tr	rue and accurate a e receiver or truste	and that my signature shall have the see empowered to execute this report	same li as requ	egal effect uired by
Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.							

8/15/2003 Date

Daytime Phone #

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that JOE'S POOL FINISHING, INC., has relocated. The named Corporation did not receive a Annual Corporate Reports, for the year (2002). Due to these circumstances we are asking that you abate the reinstatement fees. If there are any questions you can contact me at (407) 895-5933.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,

.Maurice Robinson