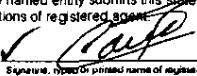
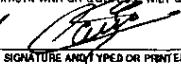


FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90162 027 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061632			
1. Entity Name EASY POOL SERVICE, INC.			
Principal Place of Business 5816 W 21ST CT HIALEAH, FL 33016		Mailing Address 5816 W 21ST CT HIALEAH, FL 33016	
2. Principal Place of Business 6485 W 24 AVE # 602 Suite, Apt. #, etc. HIALEAH FL City & State 33016 DADE		3. Mailing Address 6485 W 24 AVE APT. 602 Suite, Apt. #, etc. HIALEAH FL City & State 33016 DADE	
Zip Country		4. FEI Number 65-1147337 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TUCKER, DANIEL 5816 W. 21ST CT HIALEAH, FL 33016-2631		7. Name and Address of New Registered Agent Name TUCKER, DANIEL Street Address (P.O. Box Number is Not Acceptable) 6485 W 24 AVE APT. # 602 HIALEAH, FL 33016 City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  DATE			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to: Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, DANIEL 5816 W. 21ST CT. HIALEAH, FL 330162631 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, DANIEL 6485 W 24 AVE APT. # 602 HIALEAH, FL 33016 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  DATE			

10054724



☐ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)