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)

10054724

DOCUMENT # P01000061632

1. Entity Name
EASY POOL SERVICE, INC.

Principal Place of Business	Mailing Address
5816 W 21ST CT HIALEAH, FL 33016	5816 W 21ST CT HIALEAH, FL 33016

2. Principal Place of Business	3. Mailing Address
6485 W 24 AVE #602	6485 W 24 AVE APT. 602
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HIALEAH FL	HIALEAH FL
City & State	City & State
33016 DADE	33016 DADE
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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 ✓ [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
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
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CR2E034 (10/02)

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: ✓ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #