FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 14, 2004 8:00 am Secretary of State

S. Certificate of Status Desired S. 7. Addition S. Certificate of Status Desired S. 7. Addition S. Certificate of Status Desired S. 7. Addition S. Certificate of Status Desired S. 7. Name and Address of Current Registered Agent Name N	DOCUMENT 3 1. Entity Name	# P010000620		/KT (OL		04-14-2004 90037 005	***150.00
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1000 E ATLANTIC BLVD Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired SR 75 Addition Fee Required Sar Fee Addition Sar	MARS POOLS, INC.					m z w z	
Suite, Apt. #, etc. 11. Suite, Apt. #, etc. 12. City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired Applied For Not Applie		OT WRIT	E IN TH	IS SPA	ACE		
City & State City & State City & State City & State A. FEI Number Applied For POMPANO BEACH, FL Zip Country S. Certificate of Status Desired Set 75 Addition Set 75 Additi			3. Mailing Ad	ddress			
POMPANO BEACH, FL Zip Country S. Certificate of Status Desired St. 75 Addition St. 75 Addi	Suite, Apt. #, etc.		Suite, Apt	. #, etc.		DO NOT WRITE IN THIS SPACE	
DO NOT WRITE IN THIS SPACE Name and Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address of Current Registered Agent Name	City & State POMPANO BEACH, FL					1	Applied For Not Applicable
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable)	¥	Country	Zip		-		
DO NOT WRITE IN THIS SPACE MICHAEL R. STEWART Street ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				· -		ne and Address of Current Regis	tered Agent
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD					MICHAEL R. STEWART Street Address (P.O. Box Number is Not Acceptable)		
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10. OFFICERS AND DIRECTORS 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP 1000 E. ATLANTIC BLD. SUITE #11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25				ole. (NOTE. Negra	9. Election Campaign Financing	
TITLE NAME NAME NAME NICHAEL R. STEWART STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT		e to Florida Depart	Ment of State	25 11			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	1000 E. ATLANTIC	BLD. SUITE #1	1	STREET ADDRES	s	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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	TITLE NAME STREET ADDRESS				TITLE NAME STREET ADDRES	s	
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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 on an attachment with an address, with all other like empowered.	 I hereby certify that certify that the inforr as if made under oa 	nation indicated on thi th; that I am an officer	s report or suppler or director of the o	pes not qualify nental report is corporation or	for the exemption true and accurate the receiver or trus	and that my signature shall have the sa tee empowered to execute this report as	ame legal effect s required by