2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 24, 2002 8:00 am Secretary of State DOCUMENT # P01000071927 SOUTHERN COMFORT QUALITY POOL & SPA SERVICE, INC 07-24-2002 90131 008 ***150.00 Principal Place of Business Mailing Address 1022 N E ST 1022 N E ST LAKE WORTH FL 33460 2 . 100 LAKE WORTH FL 33460 Q./ \$11. 2. Principal Place of Business Mailing Address 1022 NEST 1022 NE"ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ckeWorth City & State City & State 4. FEI Number Applied For 651137041 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33460 Ps/mbesch Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAPP, MICHAEL F Street Address (P.O. Box Number is Not Acceptable) 1022 N E ST LAKE WORTH FL 33460 hake Worth FL 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 id agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE LAPP. MICHAEL F NAME Addition NAME STREET ADDRESS 1022 N E ST STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change Addition

13. 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

Dear Su, At all MINT

I never received the original Corporate report and was not able to send it in on time. After notifying Tallahanse that none was sent to me, they recent this one and now of filed it according to your request

Manhyon

Machael Horn

7/21/02