

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90056 026 ***150.00

DOCUMENT # **7010000080443** ✓
1. Entity Name
A.A. POOL SERVICES INC.

DO NOT WRITE IN THIS SPACE

653374

2. Principal Place of Business 4892 N. DIXIE HWY.		3. Mailing Address 72 E. McNAB RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #63	
City & State DAKLAND PARK. FL	City & State POMPANO BEACH, FL.	4. FEI Number 65-1130512	
Zip 33334	Country U.S.A.	Zip 33060	Country USA

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MARILYN AUTY**

Street Address (P.O. Box Number is Not Acceptable)
72 E. McNAB RD, St. 63.

City **POMPANO Bch** FL Zip Code **33060**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MARILYN R. AUTY 131 SE 14 ST. POMPANO Bch, FL. 33060	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT. ALLEN J. AUTY 131 SE 14 ST. POMPANO Bch, FL. 33060	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 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 11 or on an attachment with an address, with all other like employment.

SIGNATURE: **PRES. MARILYN R. AUTY.** **4/24/02** **954-946-8439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)