

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

05-10-2002 90056 026 ***150.00

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

DOCUMENT # **701000080443**
 1. Entity Name
A.A. POOL SERVICES INC.

DO NOT WRITE IN THIS SPACE

653374

2. Principal Place of Business
4892 N. DIXIE HWY.
 Suite, Apt. #, etc.

3. Mailing Address
72 E. McNAB RD
 Suite, Apt. #, etc.
#63

DO NOT WRITE IN THIS SPACE

City & State
DAKLAND PARK, FL

City & State
POMPANO BEACH, FL.

Zip
33334 Country
U.S.A.

Zip
33060 Country
USA

4. FEI Number
65-1130512

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE 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.

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. **\$5.00 May Be Added to Fees**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			

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 empowers.

SIGNATURE: **Marilyn R. Auty** 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)