AMMENDED

# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

08-26-2002 90051 036 ****61.25
FILED P01000102298

02 AUG 29 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
976265

DOCUMENT # P01000102298

1. Entity Name
APA - POOL SERVICE, INC.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1035 ANASTASIA BLVD. | 11 JIMMY MARK PLACE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: ST. AUGUSTINE, FL | City & State: ST. AUGUSTINE, FL |
| Zip: 32080 Country: USA | Zip: 32080 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3755334 ☐ 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: BENJAMIN L. PLATT

Street Address (P.O. Box Number is Not Acceptable): 403 ANASTASIA BLVD.

City: ST. AUGUSTINE FL Zip Code: 32080

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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 | P |
| NAME | ARENTH, ROBERT |
| STREET ADDRESS | 11 JIMMY MARK PLACE |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32080 |
| TITLE | V |
| NAME | ARENTH, JOSEPH |
| STREET ADDRESS | 42 ZAUN TRAIL |
| CITY-ST-ZIP | PALM COAST, FL 32164 |
| TITLE | V |
| NAME | PECK, CHRISTOPHER |
| STREET ADDRESS | 853 QUEEN ROAD |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32086 |
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 empowered.

**SIGNATURE:** Joseph P Arenth 8-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 8/29/02