

5/28

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91537 028 \*\*\*150.00

**DOCUMENT # P01000109378**

1. Entity Name  
**MA & PA POOL SUPPLIES, INC**

Principal Place of Business  
**4387 HWY 27**  
**CLERMONT FL 34711**

Mailing Address  
**10411 CALLE DE FLORES DR**  
**CLERMONT FL 34711**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4387 S HWY 27**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4387 S HWY 27**  
 Suite, Apt. #, etc.

City & State  
**Clermont**

City & State  
**Clermont**

4. FEI Number  
**59-3756551**

☒ Applied For  
☐ Not Applicable

Zip  
**34711**

Country  
**USA**

Zip  
**34711**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**HOFFMAN, MICHELLE D**  
**10411 CALLE DE FLORES DR**  
**CLERMONT FL 34711**

*name change due to marriage*

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 *Michelle Kaelin*  
 Signature, typed or printed name of registered agent and title if applicable.

*Michelle Kaelin*  
 (NOTE: Registered Agent signature required when reinstating)

*6/13/02*  
 DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and effects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 **President** ☐ Delete  
 NAME **Scott Kaelin**  
 STREET ADDRESS **10411 Calle De Flores Dr**  
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE **Vice President** ☐ Delete  
 NAME **Michelle Kaelin**  
 STREET ADDRESS **10411 Calle De Flores Dr**  
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Michelle Kaelin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-02**

Date

**352-243-8333**

Daytime Phone #

CR2E034 (9/01)