FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # \$\int 0 \(0 \) 00 1 | 700 6 03 JAN -2 AM 8:27 TRUE BIVE POULS OF THE Palm Beaches, INC SECRETARY OF STATE TAILAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2559 WFBB AVE 3. Mailing Address 2559 WEBBAVE Suite, Apt. #, etc. Suite, Apt. #, etc. # 7 DO NOT WRITE IN THIS SPACE Applied For Dolvay Beach Not Applicable zig 33444 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 500009767745 12/31/02--01054--001 **150.00 TITLE CR2E034B (12/01 NAME STREET ADDRESS STREET ADDRESS BOYNTON BOACH CITY-ST-ZIP CITY ST-7IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP THLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-SI-ZIP CITY-ST-ZIP-C. TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

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Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$\mathbb{P0\, \loo0\, \loo0 TRUE BIVE POULS OF THE Palm Beaches, INC DO NOT WRITE IN THIS SPACE WEBB AVE DO NOT WRITE IN THIS SPACE Applied For Delvay Beach Dairay Beach Not Applicable zig33444 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. 500009767745 12731702--01054--002 (NOTE: Registered Agent signature required when reinstating) January I May I Feb is \$150.00 Affar May I Feb is \$550.00 Amended (UBR is \$6175) Make Check Payable to Depairment of State of 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. . Trust Fund Contribution. Added to Fees (See criteria on back) THE REPORT OF THE PROPERTY OF OPENIES. SINUL AS NAME TO STREET ADDRESS STREET ADDRESS CITY, ST. ZP, 43 CITY-ST-ZIP inter and NAME V STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-SI-ZIP TITLE NAME NAME " STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY SI ZIP CITY-ST-ZIP TITLE NAME IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-7IP TITLE NAME STREET ADORE STREET ADDRESS CITY-ST-ZIP mu a da

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



PADGETT BUSINESS SERVICES 500 GULFSTREAM BLVD. SUITE #103 DELRAY BEACH, FL. 33483 (561) 278-4430 FAX (561) 278-4432 (561) 734-3222 FAX (561) 734-7210

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL. 33435-3885

FROM: TRUE BLUE POOLS OF THE PALM BEACHES INC. 2559 WEBB AVENUE #7 DELRAY BEACH FL 33444 DOC # P01000117006

December 24, 2002

DEAR DIVISION OF CORPORATIONS,

I AM WRITING TO YOU TO REQUEST RELIEF FROM THE LATE FILING FEE ON THE UNIFORM BUSINESS REPORT. I DID NOT RECEIVE THE FIRST MAILING OF THE UNIFORM BUSINESS REPORT. THIS LATE FILING NOTICE WAS ALSO NOT RECEIVED THE FIRST NOTIFICATION I RECEIVED THAT THIS FEE WAS DUE. I HAVE COMPLETED THE REPORT AND ENCLOSED THE ORIGINAL FILING FEE OF \$150.00, AND RESPECTFULLY REQUEST THAT THE LATE FILING FEE BE WAIVED.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER. IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE DON'T HESITATE TO CONTACT ME.

SINCERELY,

MR AGIM BANUSHI, DIRECTOR of the state of th