

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90131 023 ***150.00

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DOCUMENT # P02000009931

1. Entity Name

~~POOL TEAM, INC.~~

Engineered Sun, Inc.



Principal Place of Business

13 SUNSET DR
DEBARY FL 32713

Mailing Address

13 SUNSET DR
DEBARY FL 32713

2. Principal Place of Business

3525 W Lake Mary Blvd

3. Mailing Address

P.O. Box 917251

Suite, Apt. #, etc.

Ste 308 B

Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Longwood FL

Zip

32746

Country

USA

Zip

32791

Country

USA

4. FEI Number

01-0596751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PRUTSMAN, JOHN
13 SUNSET DR
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

Jeffrey D. Prutsman

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

3525 W Lake Mary Blvd Ste 308 B

City

Lake Mary

FL

Zip Code

32746

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE President
NAME John D. Prutsman
STREET ADDRESS 710 Holbrook Circle
CITY-ST-ZIP Lake Mary FL 32746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address with a power of attorney.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 689-1188

Date

Daytime Phone #

CR2E034 (10/02)