2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

Principal Place of Business 1744 OCEAN SHORE BLVD

ORMOND BEACH FL 32176

P02000066446

Mailing Address

1744 OCEAN SHORE BLVD

ORMOND BEACH FL 32176

1. Entity Name

BEACHSIDE POOL & SPA SUPPLIES, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90258 023 ***150.00

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. Principal P	face of Business	3. Mailing Address		# 180 FINAL THE COURT FRANCE COURT COURT COURT COURT COURT COURT
	CEAN SHORE BLUD	1750 OCEAN SHO	re Blud	
Suite, Apt.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State	e	City & State		4. FEI Number Applied Fo
ORMONT	D BEACH FL	ORMOND BEAC	4 FL	01-07(1731 Not Applic
Zip 32176	Country	^{Zip} 32176	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
	•	•	Name	
RUCKERT, RENEE			Street Addr	ress (P.O. Box Number is Not Acceptable)
1744 OCEAN SHORE BLVD			Stieet Addi	1655 (1.0. Dox rightbor is not Acceptable)
	BEACH FL 32176			
UNINOND	DEACHTE 32170			
			City	FL Zip Code
The above	named entity submits this statement	for the purpose of changing its i	registered office or rec	gistered agent, or both, in the State of Florida. I am familiar with, and acc
	ions of registered agent.	A	53.5to.655 5/1100 0/ 10§	Services address of a service of the
•	D - n D	. O L D	1. 4	2-18=03
SIGNATURE _	Signature, typed or printed name of registered ager	The section of applicable (NOTE)	Registered Agent signature re	
	Signature, typed or printed name or registered agei	at and title it applicable. (NOTE:	negistered Agent signature re	equility with the instancy
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department			9. Election Campaign Financing \$5.00 May Trust Fund Contribution.
10.	OFFICERS ANI	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITLE	D	☐ Delete	TITLE	Change ☐ Adi
	RUCKERT, RENEE	□ Delete	NAME	103 ELLICOTT DRIVE
TREET ADDRESS	113 ELLICOTT DRIVE		STREET ADDRESS	.00 225.5511
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP	
		☐ Delete	TITLE	. Change ☐ Ade
TTLE IAME	DICKEDT DANIELK	□ Delete		
	RUCKERT, DANIEL K 113 ELLICOTT DRIVE		STREET ADDRESS	103 ELLEGIT DRIVE
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP	
	ORMOND BEACTIFE 32170			☐ Change ☐ Ado
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NAME			NAME STREET ADDRESS	
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CITY-ST-ZIP				
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ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	

I nereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SICRELEE ARQUERE PRES.D SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR