FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91845 031 ***150.00

DOCUMENT # P02000089206 ✓ 2003

1. Entity Name
BONAFIDE POOLS, INC.

DO NOT WRITE IN THIS SPACE

J0113620

2. Principal Place of Business	3. Mailing Address	
750 Mayport Rd.		DO NOT WRITE IN THIS SPACE
State, Apt. #, etc.	State, Apt. #, etc.	
City & State: Atlantic Bch, FL	City & State	4. FEI Number: 22-3868153 ☐ Applied For ☐ Not Applicable
Zip: 32233 County: Duval	Zip / Country	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: DAVID M. LINGER, CPA
Street Address (P.O. Box Number is Not Acceptable): 302 Third St., Suite #5
City: Neptune Bch FL Zip Code: 32266

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: _____ 4/24/03
(Signature, typed or printed name of registered agent and title if applicable) (Both Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D,T,S Robert G. Levesque 69 Oakwood Rd. Jacksonville Bch, FL 32250	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: _____ ROBERT LEVESQUE 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Attachment

90113620

State of Florida

Department of State

I certify from the records of this office that BONAFIDE POOLS, INC. is a corporation organized under the laws of the State of Florida, filed on August 15, 2002.

The document number of this corporation is P02000089206.

I further certify that said corporation has paid all fees due this office through December 31, 2002, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Sixteenth day of August, 2002

Jim Smith
Secretary of State

CR2EO22 (7-02)