

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90070 048 ***150.00

DOCUMENT # *P02000098467*

1. Entity Name

Gardens Pool Supply, Inc.



DO NOT WRITE IN THIS SPACE

24051703

2. Principal Place of Business

3790 Burns Road

3. Mailing Address

- Same -

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, FL

City & State

4. FEI Number

01-0743791

Applied For

Not Applicable

Zip

33410

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Jack S. Coyle Esq.*

Street Address (P.O. Box Number is Not Acceptable)
9002 S.E. Bridge Rd.

City *Hobe Sound*

FL

Zip Code
33455

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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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME *D Debra S. Wright*
STREET ADDRESS *3380 Flag Dr.*
CITY - ST - ZIP *Palm Beach Gardens, FL 33410*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra S. Wright Debra S. Wright*

Date *4-19-04*

Daytime Phone # *561/624-4860*

CR2E034B (12/02)