## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 21, 2003 8:00 am Secretary of State

DOCUMENT # P02000102075						03-21-2003 90089 001 ***150.00			
B-CLEAN POOL SERVICES, INC.							·		
	DO NOT WRITE	IN THIS S	PAC	E			, ,		
	Place of Business 71ST STREET #, etc.	3. Mailing Address  1765 71ST STREET  Suite, Apt. #, etc.					DO NOT WRITE IN THIS	SPACE	
City & Star	BEACH, FL	City & State VERO BEACH, FL				4. FEI Number			
Zip Country 32966 USA		<sup>Zip</sup> 32966	Count	Country USA		5. Certificate of Status Desired			
					Name PEGGY BROWN				
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)					
				1765 71ST COURT					
				City	VERO	RO BEACH, 5% <b>FL</b> 32966			
8. The above	e named entity submits this statement for t	he purpose of changing its	registere	d office	or registere	d age	ent, or both, in the State of Florida.	,	
•	J								
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOT	E-Registered	Agent sign	ature required w	then ne	enstating) 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  After May 1, Fe Amended UBI Make Check Payable to				\$550.0 \$61.25	10. Election Campaign Financing \$5.00 May Be 161.25 Trust Fund Contribution.				
11.	OFFICERS AND D	<u> </u>		P					
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S WILLIAM BROWN 1765 71ST STREET			T ADDRESS ST-ZIP		:			
TITLE - NAME STREET ADDRESS		And the same parameter and the same	NAME STREE	T ADDRESS		<b>~</b>	DO NOT WO!		
CITY-ST-ZIP			CITY-5	ST-ZIP			DO NOT WRI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-5	TADDRESS ST-ZIP			IN THIS SPAC	CE	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE 'NAME STREET CITY-S	r address St-21P					
NAME STREET ADDRESS CITY-ST-ZIP			THILE NAME STREET CITY-S	ADDRESS		- 8	200 - 200 to 100 to		
13. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is triporation or the precision or trustee empoyer or trustee empoyer in the supplemental file are supplemental.	ue and accurate and that m	the exem	ption sta	have the sa	me le	19.07(3)(i). Florida Statutes, I further cert egal effect as if made under oath; that I a ida Statutes; and that my name appears	m an officer or director	

3-17-03

772-562-1065

Daylime Phone #