

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90966 032 \*\*\*150.00

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DOCUMENT # P02000108205

1. Entity Name

POOL SOLUTIONS WEST COAST, INC.



Principal Place of Business

5901 SUN BLVD.

SUITE 102

ST. PETERSBURG FL 33715

US

Mailing Address

5901 SUN BLVD.

SUITE 102

ST. PETERSBURG FL 33715

US

2. Principal Place of Business

3734 131st Ave N #4

Suite, Apt. #, etc.

#4

3. Mailing Address

3734 131st Ave N

Suite, Apt. #, etc.

#4

City & State

Clearwater, FL

Zip

33762

Country

USA

City & State

Clearwater, FL

Zip

33762

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, PAM

5901 SUN BLVD.

SUITE 102

ST. PETERSBURG FL 33715

7. Name and Address of New Registered Agent

Name Andrea Fair Esquire

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

2625 Park Tower

400 N. Tampa St.

City Tampa

FL

Zip Code

33602

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 Pam Langley Pam Langley, President 2/17/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	P	<input type="checkbox"/> Delete
NAME	LANGLEY, PAM	
STREET ADDRESS	5901 SUN BLVD., SUITE 102	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANGLEY, MARK	
STREET ADDRESS	5901 SUN BLVD., SUITE 102	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pam Langley	
STREET ADDRESS	3734 131st Ave N, Suite 4	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Langley	
STREET ADDRESS	3734 131st Ave N, Suite 4	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Pam Langley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03 7275252144  
Date Daytime Phone #

CR2E034 (10/02)