

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90279 048 ***150.00

DOCUMENT # P02000126063

1. Entity Name

DIRECT POOL SUPPLY, INC.



Principal Place of Business

261 SHADY OAKS CIR
LAKE MARY FL 32746

Mailing Address

PO BOX 954025
LAKE MARY FL 32795-4025

2. Principal Place of Business

944 Bakewell Ct
Suite, Apt. #, etc.
UNIT 104

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE MARY FL

City & State

4. FEI Number

54-2083875

Applied For

Not Applicable

Zip

32746

Country

SEMINOLE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11018753



6. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
400 N WYMORE RD STE 110
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 ☐ Delete
NAME D
STREET ADDRESS STRIANO, PAUL A
CITY-ST-ZIP 261 SHADY OAKS CIR
LAKE MARY FL 32746

TITLE ☐ Delete
NAME D
STREET ADDRESS HAYES, JAMES W
CITY-ST-ZIP 944 BAKWELL CT UNIT 104
LAKE MARY FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: PAUL A. STRIANO *Paul A. Striano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 4073239324

Date

Daytime Phone #

CR2E034 (10/02)