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

DOCUMENT # P03000067012

POOL MEDIC OF SW FLORIDA, INC.



FILED 05 APR 12 PH 12: 21 SLUAETARY U SLAIL

TALLAHASSEE, FLORIDA DO'NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2518 Southwest 27th Place same Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 20-0049197 Cape Coral, Florida Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 33914 United States Fee Required 7. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE Dt Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1840 Southwest 22 Street, 4th Floor City Miami 33145 se of changing its registered office or registered agent, or both, in th State of Florida, I am familiar with, and accept 8: The above named entity submits this the obligations of registered RERA, P.A. Natalia Utrera, Vice President By: SIGNATURE Signature, typed or pho (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee 1 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$\$50.00 Trust Fund Contribution. Amended UBR is \$61.25 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. THE TITLE Brian K. Hanlon NAME 80005424298 2518 Southwest 27th Place STRÉET ADDRESS STREET ADDRESS 05/11/05--01009--016 Cape Coral, Florida 33914 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Shamra Hanlon NAME NAME 2518 Southwest 27th Place STREET ADDRESS STREET ADDRESS Cape Coral, Florida 33914 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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 T. 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 addg

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY: ST- ZIP

ID TWED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian K. Hanlon, President

IN THIS SPACE

AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES



STATE OF FLORIDA	,
COUNTY OF LEE)	

- 1. Brian K. Hanlon is the President of POOL MEDIC OF SW FLORIDA, INC., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation was administratively dissolved by the Florida Department of State on 1 October 2004.
- 3. That the Corporation failed to file its 2004, 2005 Annual Report or pay the 2004, 2005 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2004, 2005 Annual Report fees and the filing of its 2004, 2005 Annual Reports, which are presented simultaneously with this Affidavit.
- 5. POOL MEDIC OF SW FLORIDA, INC. satisfies the requirements of the Florida Statutes 607.0401.

6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: day of April, 2005

FURTHER, AFFIANT SAYETH NOT

POOL MEDIC OF SW FLORIDA, INC.

y: Brian K. Hanlon, President

SWORN AND SUBSCRIBED -

before me this 1 day of 1

2005

TANYA BARNICOAT
MY COMMISSION & DD 262016
EXPIRES: December 15, 2007
Bonded Thru Pichard Insurance Agency

Notary Public, State of Florida at Large

rinted Name: \(\frac{1}{4}\)