

PO8000101223

(Requestor's Name)

(Address)

(Address)

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C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BCI Pools, Inc.
Name of Corporation

DOCUMENT NUMBER: P08000101223

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Sammet
Name of Contact Person

BCI Pools, Inc.
Firm/Company

12244 Treeline Avenue #9
Address

Fort Myers, FL 33913
City/State and Zip Code

X

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Sammet at 239, 910-7242
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

