

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002917 - Amended -

Entity Name HUTCHINS & ANDRADE POOL SPECIALISTS, INC.

Principal Place of Business 9704 KATY DRIVE HUDSON, FL 34667 Mailing Address 9704 KATY DRIVE HUDSON, FL 34667

FILED 00 MAY 23 AM 10:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA

2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 3 Mailing Address Suite, Apt. #, etc. City & State Zip Country 4 EFL Number 59-31493210 Applied For Not Applicable 5 Certificate of Status Desired \$8.75 Additional Fee Required

6 Name and Address of Current Registered Agent HUTCHINS, KENNETH W. 9704 KATY DRIVE HUDSON, FL 34667 7 Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 5/2/2000

9 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D/P HUTCHINS, KENNETH W. 9704 KATY DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D/VP ANDRADE, PAUL 9704 KATY DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D/VP/S/T ANDRADE, ARNALDO 9704 KATY DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: KENNETH W. HUTCHINS DATE: 5/2/2000 Daytime Phone #