JSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State

DOCUMENT # P93000029806 1. Entity Name 05-02-2000 90029 013 ***150.00 CLEAN WATER POOLS, INC. Principal Place of Business Mailing Address A6651415 2385 N.W. 120TH LANE 2385 N.W. 120TH LANE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-3271 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0403837 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALAN J. POLIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 1999 UNIVERSITY-PLAZA CORAL SPRINGS FL 33071 City Zip Code FI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change NAME SANTANGELO, JOSEPH NAME STREET ADDRESS 2385 N.W. 120TH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** TITLE Delete TITLE [] Change 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE []:..... ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 凯点看到"高层"的物 ☐ Delete TITLE [7] Change C:... NAME NAME 喜时机构 "果"工作节则特 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oeiete TITLE ☐ Change \square NAME NAME STREET ADDRESS STREET ADDRESS

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 indicated on this report or suppliemental 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 directly 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 changed, or on an attachment with an addless, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Juseph

SANTANIELS 4/24/00 954-152841