FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # **P93000070488** 1. Entity Name MY POOL SERVICE, INC. 4-13-2001 90016 043 ***150.00 Principal Place of Business Mailing Address 6213 LUANA COURT 6213 LUANA COURT 527757 BOYNTON BEACH FL 33437-3226 BOYNTON BEACH FL 33437-3226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0454988 Not Applicable Zip Country 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 FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 NW 16TH STREET FT LAUDERDALE FL 33311 City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT n (Change ☐ Addition TITLE TIT) F Delete ABELL, BRYAN NAME ABELL, BRYAN NAME 6213 LUANA LOURT STREET ADDRESS STREET ADDRESS 1045 NW 10TH STREET CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** BOYNTON BEACH 33437- 3220 VICE PRESIDENT TITLE Change TITLE Delete ABEN, KELLY NAME ABELL, KELLY NAME 6213 LYANA CTOURT STREET ADDRESS STREET ADDRESS 1045 NW 10TH STREET CITY-ST-ZIP CITY ST-ZIP **BOYNTON BEACH FL** BOYNTON ☐ Addition TITLE Delete TITLE NAME BASSETT, DAVID NAME STREET ADDRESS STREET ADDRESS 22 VIA DE CASA NORTH CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

VATURE AND TYPED OR PRINTED NAME OF S