

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031672

1. Entity Name

MARIN'S POOL SERVICE, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90973 035 ***150.00

Principal Place of Business
1603 ENSENADA AVE.
~~SUITE 111~~
ORLANDO FL 32825
US

Mailing Address
P.O. BOX 721270
~~SUITE 111~~
ORLANDO FL 32872-1270
US

2. Principal Place of Business
1603 Ensenada Dr.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 721270
Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL 32872-1270

Zip
32825

Country
USA

Zip
32872-1270

Country
USA

4. FEI Number
59-3249977

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARIN, HENRY
3001 ALOMA AVE
SUITE 111
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
Name
HENRY MARIN
Street Address (P.O. Box Number is Not Acceptable)
1603 Ensenada Dr.
City
Orlando FL Zip Code
32825

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 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

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|--------------------|------------------|---------------------------------|
| | D MARIN, HENRY | 1603 ENSENADA AVE. | ORLANDO FL 32825 | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | | |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <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: X SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-28-00 Daytime Phone #: 407-732-0677

CR2E034 (9/99)