2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P94000071506** CUSTOM CARE POOL INC. 04-16-2001 90263 002 ***150.00 Principal Place of Business Mailing Address 1635 TIMOCUAN WAY 1635 TIMOCUAN WAY #123 #123 LONGWOOD FL 32750 LONGWOOD FL 32750 3. Mailing Address 2. Principal Place of Business AO Box 76 Morning Glory Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ake Maru City & State Applied For City & State 4. FEI Number 59-3270137 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Seminole Fee Required eminde 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 50RDO1 Marri GORDON, HARRY Street Address (P.O. Box Number is Not Acceptable) 1041 WENTWORTH COURT LONGWOOD FL 32750 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. HARRY GORDON 176 MORNING Glory Dr. LAKE Mary, FLA 32746 Pres. ☐ Delete TITLE TITLE NAME GORDON, HARRY STREET ADDRESS STREET ADDRESS 1041 WENTWORTH CT CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32750 ☐ Addition Change ☐ Delete TITLE TITLE JACQUI GORDON NAME GORDON, JACQUI NAME 174 morning Glory Dr. STREET ADDRESS STREET ADDRESS 1041 WENTWORTH CT LAKE Mary, FLA. 32746 CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 TITLE TITLE . Change ☐ Addition NAME KOCIOLEK, RONALD NAME STREET ADDRESS 1283 FOUNTAINHEAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP