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Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90115 048 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081749

1. Entity Name
AA CHOICE POOLS, INC.

Principal Place of Business
8010 N UNIVERSITY DR 2ND FL
TAMARAC, FL 33321

Mailing Address
8010 N UNIVERSITY DR 2ND FL
TAMARAC, FL 33321

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Country
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Country
Zip

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0541680 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LETTMAN, ROBERT D ESQUIRE
ROBERT D. LETTMAN, P.A.
8010 N. UNIVERSITY DRIVE, SECOND FLOOR
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature of a new registered agent required only when filing. DATE

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be added to fees

10. OFFICERS AND DIRECTORS

TITLE P/D/VP
NAME FARBER, STEVEN
STREET ADDRESS 11320 56TH PLACE N
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411
☐ Delete

TITLE D
NAME FARBER, STEVE
STREET ADDRESS 11320 56TH PLACE N
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411
☐ Delete

TITLE D
NAME FARBER, LURENDA
STREET ADDRESS 11320 56TH PLACE N
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 with changes, if any, clearly specified, with all officers and power ex

SIGNATURE: Steve Farber 9/2/03
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date