MAY-01-01 12:50 PM SBS TRIPLE CHECK 5 5 85

FILED
Aug 06, 2001 8:00 am
Secretary of State
05-18-2001 91556 038 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024870

1. Entity Name

GOLL'S POOLS, INC.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
3090 GULF BREEZE PKY	3090 GULF BREEZE PKY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULF BREEZE, FL	City & State: GULF BREEZE, FL
Zip: 32561 Country: USA	Zip: 32561 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3306071 (Applied For / Not Applicable)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Earl Goll 3090 Gulf Breeze Pkwy Gulf Breeze FL	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.

SIGNATURE: Earl Goll 7-31-01
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 certify its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EARL GOLL 3090 GULF BREEZE PKY GULF BREEZE, FL 32561 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ZETTIE GOLL 3090 GULF BREEZE PKY GULF BREEZE, FL 32561 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRETT GOLL 3090 GULF BREEZE PKY GULF BREEZE, FL 32561 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E004 (1/00)

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: Earl Goll 7-31-01 850 477 7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STP FLR2a01F.1