## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # **P95000058430** WINDSOR POOL SERVICING, CORP. 05-02-2000 90129 048 \*\*\*150.00 Mailing Address Principal Place of Business 1108 NW 50TH DR 1313 S. MILITARY DR. PANA ana a <u>-</u> 134 POMPANO BEACH FL 33064-8630 BEACH FL 33442 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0611204 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7:-Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name SMELT, TONY Street Address (P.O. Box Number is Not Acceptable) 1108 N.W. 50TH DR. POMPANO BEACH FL 33064 Zip Code FL 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 . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE NAME SMELT, TONY NAME STREET ADDRESS STREET ADDRESS 1108 N.W. 50TH DR. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_\_ Change \_\_\_ Addition\_ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TÔŊŶĴŚMĖĹŢĴŰ(PŔĖŚŢĎĒŊŤ)ŶĬ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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4:24-00

954.421,566

Daytime Pho