2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **P95000066771** BAYSIDE POOL SERVICES, INC. 01-19-2000 90293 004 ***150.00 Mailing Address Principal Place of Business 8777 WENDY LANE SO. 8777 WENDY LANE SO. WEST PALM BEACH FL 33411-6520 WEST PALM BEACH FL 33411 A0007447 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0602848 Not Applicable \$8.75 Additional 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 Nama MARINO, PAMELA Street Address (P.O. Box Number is Not Acceptable) 8777 WENDY LANE SO. WEST PALM BEACH FL 33411 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME MARINO, PAMELA NAME STREET ADDRESS STREET ADDRESS 8777 WENDY LANE SO. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 □ Change Addition ☐ Delete TITLE TITLE NAME NAME MARINO, MARK STREET ADDRESS STREET ADDRESS 8777 WENDY LANE S CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33411 Change Addition TITLE ☐ Delete NAIVIE MARINO, FRANK STREET ADDRESS STREET ADDRESS 11774 LAUREL VALLEY CIR CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Tamola Tourist NAME OF SIGNING OFFICER OR DIRECT

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Marino

1-7-2000

798-9328

e

Daytime Phone #