2001 UNIFORM BUSINESS REPORT (UBR)

03-28-2001 90208 033 *****61.25
P96000014795

FILED
01 MAR 28 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014795

1. Entity Name
WH Pool Service, Inc.
1220 W. Daughtery Rd.
Lkld., Fl. 33810

Principal Place of Business
1220 W. Daughtery Rd.
Lkld., Fl. 33810

Mailing Address
Po Box 90934

Amended

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1220 W. Daughtery Rd.
Suite, Apt. #, etc.
Lkld. Fl.
City & State
Zip 33810 Country USA

3. Mailing Address
Po Box 90934
Suite, Apt. #, etc.
Lkld. Fl.
City & State
Zip 33804 Country USA

4. FEI Number
59-3558790
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Raymond D. Fernandes
5433 Hill Drive
Zephyrhills, Fl. 33540

7. Name and Address of New Registered Agent
Name Raymond D. Fernandes
Street Address (P.O. Box Number is Not Acceptable)
5433 Hill Drive
Zephyrhills Fl.
City FL Zip Code 33540

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 Raymond D. Fernandes 3-21-01
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 satisfy 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	Raymond Fernandes President - Sec. - Treas. 5433 Hill Drive Zephyrhills, Fl. 33540	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Forrest J. Fernandes 3227 Garden Rd. Lkld. Fl. 33816 V.P.	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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

SIGNATURE: Raymond D. Fernandes 3-21-01 863-858-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/30