2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State **DOCUMENT #** P96000081117 1. Entity Name PENNINSULA POOLS, INC. 04-16-2002 90026 023 ***150.00 Principal Place of Business Mailing Address 3215 NW 123 AVE 7154 N UNIVERSITY CORAL SPRINGS FL 33065 #290 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address a bove 5e/100 Some as Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sane City & State City & State 4. FEI Number Applied For 65-0697632 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BÉRTOLAMI, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3215 NW 123 AVE **CORAL SPRINGS FL 33065** Zip Code anging its registered office or registered agent, or both, in the State of Florida. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TIT) F TITLE ☐ Change ☐ Addition NAME JOSEPH P. BERTOLAMI NAME STREET ADDRESS 7154 N. UNIVERSITY DR. STREET ADDRESS CITY-ST-ZIP TAMARAC FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 regarded by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an additional or the corporation of the receiver or trustee

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR