

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90243 019 ***150.00

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DOCUMENT # P96000092695

1. Entity Name

WEST COAST POOL SPECIALISTS, INC.



Principal Place of Business

**9704 KATY DRIVE
HUDSON FL 34667**

Mailing Address

**19064 BRUCE B DOWNS BLVD
TAMPA FL 33647**

2. Principal Place of Business

128 COMMERCIAL WAY

3. Mailing Address

128 COMMERCIAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL, FL 34606

City & State

SPRING HILL, FL 34606

4. FEI Number

59-3411515

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ANDRADE, ARNALDO

**19064 BRUCE B DOWNS BLVD
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name
ANDRADE, ARNALDO

Street Address (P.O. Box Number is Not Acceptable)
128 COMMERCIAL WAY

City
SPRING HILL

FL

Zip Code
34606

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

[Signature] **4-18-03**

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPVS** ☐ Delete
NAME **ANDRADE, ARNALDO**
STREET ADDRESS **9704 KATY DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **AS** ☐ Delete
NAME **ANDRADE, PAUL C**
STREET ADDRESS **9704 KATY DRIVE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **T** ☒ Delete
NAME **HUTCHINS, KENNETH W**
STREET ADDRESS **9704 KATY DR**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/VP/S** ☒ Change ☐ Addition
NAME **ANDRADE, ARNALDO**
STREET ADDRESS **128 COMMERCIAL WAY**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **AS** ☒ Change ☐ Addition
NAME **ANDRADE, PAUL C.**
STREET ADDRESS **128 COMMERCIAL WAY**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **T** ☒ Change ☐ Addition
NAME **HUTCHINS, KENNETH W.**
STREET ADDRESS **128 COMMERCIAL WAY**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED ARNALDO ANDRADE**

4-18-03

352-666-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)