

AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # **Pa7000008034**

1. Entity Name

AMERICAN POOL RESURFACING COMPANY

02 OCT 16 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P. O. Box 2188

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 2188

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hallandale, FL

City & State
Hallandale, FL

4. FEI Number
65-0718922

Applied For
Not Applicable

Zip
33008

Country
USA

Zip
33008

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
STUART J. MAC IVER

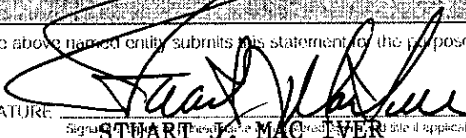
Street Address (P.O. Box Number is Not Acceptable)
1177 SE 3RD AVENUE

City
FORT LAUDERDALE

FL

Zip Code
33316

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  **STUART J. MAC IVER**

10/11/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **PSTD**
NAME **Merlob, Darren**
STREET ADDRESS **1214 SE 10th Terrace**
CITY-ST-ZIP **Deerfield Beach, FL 33441**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Darren Merlob Pres** 10/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034B (12/01)