FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90059 024 ***150.00

DOCUMENT # P97000052809 ✓

1. Entity Name
Crystal Water Pool Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8417 El Portal Dr.
Suite, Apt. #, etc.
City & State: Tampa, FL
Zip: 33604 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3452381 ☐ Applied For ☐ Not Applicable

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: Tracy Hanlon
Street Address (P.O. Box Number is Not Acceptable): 8417 El Portal Dr.
City: Tampa **FL** Zip Code: 33604

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 ______________________
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) X

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	P/V/S
NAME	Tracy Hanlon
STREET ADDRESS	8417 El Portal Dr
CITY-ST-ZIP	Tampa, FL 33604
TITLE	S
NAME	Linda Hawkins
STREET ADDRESS	2104 Barclay Rd.
CITY-ST-ZIP	Tampa, FL 33612
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DO NOT WRITE 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Hawkins - Linda Hawkins 4/29/02 (813) 932-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #