FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90600 027 ***150.00

DOCUMENT # P97000072888

1. Entity Name
High-Tech Pool Services Inc.

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90007524

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2. Principal Place of Business	3. Mailing Address
7520 Duncrest Rd	1779 N. Congress Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 341
City & State Lake Worth FL	City & State Boynton Bch
Zip 33467 Country USA	Zip 33462 Country USA

4. FEI Number 650776226 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Thomas Cucinotta
Street Address (P.O. Box Number is Not Acceptable) 7520 Duncrest Rd
City Lake Worth FL Zip Code 33467

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Thomas Cucinotta	NAME	
STREET ADDRESS	7520 Duncrest	STREET ADDRESS	
CITY-ST-ZIP	Lake Worth FL 33467	CITY-ST-ZIP	
TITLE	V. President	TITLE	
NAME	Patricia Cucinotta	NAME	
STREET ADDRESS	7520 Duncrest Rd	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: [signature] 1-15-03 561-357-7836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #