APR-24-01 TUE 03:48 PM ACCOUNTING CONSULTANTS FAX NO.

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90638 042 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075843

1. Entity Name
TRIDON POOL SPECIALISTS OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
1271 SAN CHRISTOPHER DR DUNEDIN FL 34698 US	1271 SAN CHRISTOPHER DR DUNEDIN FL 34698 US

C0069509

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 Patricia Ave	601 Patricia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, FL	City & State: Dunedin, FL
Zip: 34698 Country: Pinellas	Zip: 34698 Country: Pinellas

4. FEI Number 59-3470549 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
WELCH, CHAD
1271 SAN CHRISTOPHER DR
DUNEDIN FL 34698

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 601 Patricia Ave
City Dunedin FL Zip Code 34698

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 Chad Welch Chad Welch, president 4-26-01
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELCH, CHAD 1271 SAN CHRISTOPHER DRIVE DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 601 Patricia Ave Dunedin, FL 34698	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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

727-736-5873