

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90053 050 \*\*\*150.00

**DOCUMENT # P97000077239**

1. Entity Name  
**POOL SERVICES OF AMERICA, INC.**

Principal Place of Business  
**4801 SOUTH UNIVERSITY DR., STE. 302-W**  
**C/O RODRIGUEZ KINZBRUNNER & COMPANY**  
**DAVIE FL 33328**

Mailing Address  
~~**4801 SOUTH UNIVERSITY DR., STE. 302-W**~~  
~~**C/O RODRIGUEZ KINZBRUNNER & COMPANY**~~  
~~**DAVIE FL 33328**~~

2. Principal Place of Business  
**4221 NW 71ST**  
 Suite, Apt. #, etc.  
**C Creek**  
 City & State  
**FL**

3. Mailing Address  
**4221 NW 71ST**  
 Suite, Apt. #, etc.  
**COCONUT CREEK**  
 City & State  
**FL**

NEW



DO NOT WRITE IN THIS SPACE

Zip  
**33073** Country  
**FL**

Zip  
**33073** Country  
**FL**

4. FEI Number **65-0779642** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, MIGUEL J**  
**806 SE 7ST 202C**  
**DEERFIELD FL 33441**

7. Name and Address of New Registered Agent  
 Name **MICHAEL MAZURIK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4221 NW 71ST**  
 City **C Creek** FL Zip Code **33073**

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 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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST EINHEUSER, BARBARA E 806 SE 7 ST., 202E DEERFIELD FL 33441</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 954 698 0271  
 Date Daytime Phone #

CR2E034 (9/01)