DOCUMENT # P97000081024

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FILED
Feb 08, 2001 8:00 am
Secretary of State
01-13-2001 90035 001 ***150.00
01-13-2001 90035 002 *****8.75

1. Entity Name
SHARPER IMAGE POOL SERVICE INC.

Principal Place of Business	Mailing Address
4314 S. CAMERON AVE. TAMPA FL 33611	PO BOX 130698 TAMPA FL 33681

DO NOT WRITE IN THIS SPACE
NEW # 59 346 3663

2. Principal Place of Business	3. Mailing Address
4556 S. MANHATTAN AVE	P.O. BOX 130698
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.:
City & State: TPA FL	City & State: TPA FL
Zip: 33611 Country: HILLSBOROUGH	Zip: 33681-0698 Country: HILLSBOROUGH

4. FEI Number OLD # ~~59-3379170~~ DELETE — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAEZ, JUAN A
JB TAX SERVICES
4204 N. MARQUERITE
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name: DAVID GORGEN
Street Address (P.O. Box Number is Not Acceptable): 3215 W. LEONA ST
City: TPA FL Zip Code: 33629

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: David E. Gorgen 1-7-2001
Signature, type/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 GORGEN, DAVID 4314 S. CAMERON AVE. TAMPA FL 33619	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RANDOLF KOTTKE SECRETARY P.O. BOX 13115 TPA FL 33681	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, KERRY 4340 HERON POINT APT #901 TAMPA FL 33616	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARK BLANCO 4735 LEILA TPA FL 33616 SECRETARY	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIAMS, EDDIE 4706 WYOMING TAMPA FL 33616	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLORES, CARLOS 3213 PRICE AVE TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RIVERA, FRANKIE 4733 W WATERS AVE APT 1013 TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SULLIVAN, SHANE 4704 WYOMING AVE TAMPA FL 33616	☑ 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.

SIGNATURE: David Gorgen 1-7-2001 1 (813) 839-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #