

2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 17, 2004 8:00 am  
Secretary of State

03-17-2004 90016 021 \*\*\*150.00

DOCUMENT #	P98000023650
1. Entity Name	
BLUE PARADISE POOL SERVICE, INC.	

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14000230

2. Principal Place of Business 4266 WOODSTOCK DRIVE Suite, Apt. #, etc. APT A		3. Mailing Address 4266 WOODSTOCK DRIVE Suite, Apt. #, etc. APT A	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH	
Zip 33409	Country	Zip 33409	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0822229		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name  
CHRISTOPHER KRUMENACKER  
Street Address (P.O. Box Number is Not Acceptable)  
4266 WOODSTOCK DRIVE  
APT A  
City  
WEST PALM BEACH FL Zip Code  
33409

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PVT KRUMENACKER, CHRISTOPHER 4266 WOODSTOCK DRIVE APT A WEST PALM BEACH FL 33409
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #