FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2000 8:00 am Secretary of State DOCUMENT # P98000034416 1. Entity Name STANDARD POOLS, INC. 04-27-2000 90097 024 ***150.00 Mailing Address Principal Place of Business 4411 NE 10TH AVENUE 4411 NE 10TH AVENUE ###### PARK FL 33334 OAKLAND PARK FL 33421-1706 3. Mailing Address 2. Principal Place of Business O.Box 211706 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0876844 Not Applicable al Va Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ς 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDSTONE, RICHARD Street Address (P.O. Box Number is Not Acceptable) -2301-WEST-SAMPLE ROAD-West Cypress - BUILDING 3, SUITE S-A -- POMPANO BEACH FL 33073 zip Code 09 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. 4/20/00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DPS4 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRISTER, LORING MELTON L NAME NAME STREET ADDRESS STREET ADDRESS 4411 NE 10TH AVENUE CITY-ST-ZIP CITY-ST-7IP OAKLAND PARK FL 33334 ☐ Delete TITLE TITLE GOLDSTONE, RICHARD ESQ NAME NAME STREET ADDRESS 2301 WEST SAMPLE RD BLDG 3 STE 3-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33073 Addition: Delete TITLE TITLE NAME 4411 NE 10th avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/00 /2774467402 Date Dayline Phone #