DOCU 1. Entity Nam	MENT # P980000 TE POOL MANAGEMENT INC.	FILED Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90031 007 ***150.00					
Principal Plac 9010-0137 AVE BRADENTON-FL		Mailing Address 9010-616T-AVE- DR. E. BRADENTON FL-34202			60577	3	
7050 Suite Apt.		3. Mailing Address 7040 /55 Suite Apt. #, etc.	T. E.		DO NOT WRITE IN THIS		
City & Stat	1507A F/.	City & State SANASOM Zip	Country		65-0831949		oplied For of Applicable ditional
3424	6. Name and Address of Current	34243 Registered Agent	SACASOTA	 Certificate of St Name and Add 	atus Desired ress of New Registered	Fee Require	
PAGE, ROY H 9010 61ST AVE. DR. E. BRADENTON FL 34202			Name Street Address				
			City		F	L Zip Cod	le
8. The above	named entity submits this statement for	r the purpose of changing its	s registered office or regi	tered agent, or both, in	the State of Florida.		
SIGNATURE . 9. This corporate filing in	Roy H. PASE Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so.	TR, and title if applicable. FILE NOW After MAY 1, 20	TE: Register Agent schalure requirements of the second of	DRES 1950 10. Election Trust Fu			00 May Be
SIGNATURE . 9. This corporate filing in	Roy H. PASE Signature, typed or printed name of registered agent a praction is eligible to satisfy its Intangible	FILE NOW After MAY 1, 2t Make Check Paya	TE: Register Agent mature req	D Trust Fu	DATE Campaign Financing	Added	d to Fees
9. This corporate filing in (See criter)	Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so, ria on back) OFFICERS AND PAGE, ROY H 9010 61ST AVE. DR. E.	FILE NOW After MAY 1, 2t Make Check Paya	TE: Register Agent fonature requirements of State 11 (1997) The Company of the Company of State 12 (1997) The Company of Sta	D Trust Fu	DATE Campaign Financing and Contribution.	Added	d to Fees
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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 PARTED MAYE OF SIGNING OFFICER OF DIRECTOR