2005 Rei.

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046901

1. Entity Name

MARINES POOL SERVICES, INC

FILED
05 NOV 14 PM 12:14
SECRETARY OF STATE, TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8877 NW 21ST CT	8877 NW 21ST CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL SPRINGS FL	City & State: CORAL SPRINGS FL
Zip: 33071 Country:	Zip: 33071 Country:

4. FEI Number: 65-0837856 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: CEGARRA ERNESTO

Street Address (P.O. Box Number is Not Acceptable): 8877 NW 21ST CT

City: CORAL SPRINGS FL Zip Code: 33071

DO NOT WRITE IN THIS SPACE

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: X [signature] 10/15/05

Signature, typed 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D	TITLE	D DELETE
NAME	BURGOS LUIS	NAME	BURGOS LUIS
STREET ADDRESS	2629 NW 98TH WAY	STREET ADDRESS	2629 NW 98TH WAY
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D	TITLE	
NAME	CEGARRA ERNESTO	NAME	
STREET ADDRESS	8877 NW 21ST CT	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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[initials] 11/15

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 10/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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MARINES POOL SERVICES, INC.
8877 NW 21ST CT
CORAL SPRINGS FL 33071

October 15, 2005

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: **MARINES POOL SERVICES, INC.**
DOCUMENT#: P98000046901

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of $ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

Ernesto Cegarra

EC/re