

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90135 025 ***158.75

DOCUMENT # **P98000072810**

1. Entity Name

WELL-POOL (V.S.A.), INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1776 PELL ROAD

3. Mailing Address

P.O. Box 925

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OSTEEN FL

City & State

OSTEEN FL

Zip

NA

Country

VOLUSIA

Zip

32764

Country

VOLUSIA

4. FEI Number

593552364

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CARL F. ZINN

Street Address (P.O. Box Number is Not Acceptable)

1776 PELL ROAD

Box 925

City

OSTEEN

FL

Zip Code

32764

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carl F. Zinn

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

23 APRIL 2003

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

**PRESIDENT
YUAN XIU GUO
Box 925
OSTEEN FL 32764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VICE PRESIDENT
SOI YEE
P.O. Box 925 OSTEEN FL 32764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SEC/TREASURER
LIM WAH MAN
P.O. Box 925 OSTEEN FL 32764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SOI YEE *Soi Yee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 APRIL 2003

Date

Daytime Phone #

4073249479

CR2E034B (12/02)