FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90186 046 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077617

8U087854

1. Entity Name

Sunsational Pool Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6250 Edgewater Drive	6250 Edgewater Drive
Suite, Apt. #, etc. Suite 1000	Suite, Apt. #, etc. Suite 1000
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32810 Country United States	Zip 32810 Country United States

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3531643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Amerilawyer

Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue

City: Coral Gables FL Zip Code: 33134

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 _____ DATE

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

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	C/D/T
NAME	Jolly, Eric
STREET ADDRESS	418 Arbor Circle
CITY-ST-ZIP	Celebration, FL 34747
TITLE	P
NAME	Bright, Steven J.
STREET ADDRESS	501 Long Meadow Street
CITY-ST-ZIP	Celebration, FL 34747
TITLE	S
NAME	Watson, Lawrence, Esq.
STREET ADDRESS	900 Winderley Place
CITY-ST-ZIP	Maitland, FL 32751
TITLE	
NAME	
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CR2E034B (12/02)

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: Steven J Bright | STEVEN J. BRIGHT 4/15/03 407-293-8233

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