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

FILED Sep 08, 2002 8:00 am Secretary of State

DOCUMENT # P98000100240 09-08-2002 90131 028 ***150.00 1. Entity Name Total Pool Works 871073 DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 3710 E. Industrial DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3710 E. Applied For 4. FEI Number Palm Beach 65 · r. Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 33404 7. Name and Address of Current Registered Agent Name Sean Bandel DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City Deerfield Beach 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61,25 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 OFFICERS AND DIRECTORS 11. CR2E034B (12/01 TITLE TITLE Sean Bandel 1121 S. Military Trail #241 NAME NAME STREET ADDRESS STREET ADDRESS Deerfield Beach, A. 33442 CITY - ST - ZIP CITY-ST-ZIP Treasurer TITI F Lauren Bandel NAME NAME 1121 S. Military Trail #241 STREET ADDRESS STREET ADDRESS Deerfield Beach Fl. 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MAME STREET ADDRESS STREET ADDRESS DO NOT CTTY+ST+ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. ZIP CITY-ST-ZIP TOLE TITLE NAME NAME STREET ADDRESS STREÉT ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE. NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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.

8.5.02 561-845-9291

Attaclement 87-1073 798000100240

TOTAL POOL TO WORKS

3710 East Industrial Way Riviera Beach, Florida 33408

PH 561.845.9291 FAX 561.863.3242

___September_6, 2002

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

VIA: US Mail

Dear Sir or Madam:

Per our conversation with one of your agents, enclosed is our Uniform Business Report Application. You will find that this application as well as payment is delinquent. We did not receive documentation or reminders due to an address change. All information supplied to your division is current and up-to-date at this time.

If I can be of any additional help, please do not hesitate to contact me at (561) 845-9291.

Thanking you in Advance,

Saral Brooks
Office Manager
SB/09062002

Enclosures: 2

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