

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90204 022 ***150.00

DOCUMENT # P99000006520

1. Entity Name
CAMPBELL'S POOL SERVICE, INC.

Principal Place of Business 1418 FAIRGREEN CIRCLE WEST PALM BEACH FL 33417	Mailing Address 1418 FAIRGREEN CIRCLE WEST PALM BEACH FL 33417-5556
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-2146177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILKIE, ELLEN S
1418 FAIRGREEN CIRCLE
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent
 Name: **Campbell, David P.**
 Street Address (P.O. Box Number is Not Acceptable): **1418 Fairgreen Circle**
 City: **West Palm Beach FL** Zip Code: **33417**

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: *[Signature]* (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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: P	<input checked="" type="checkbox"/> Delete
NAME: Campbell, Sandra L	
STREET ADDRESS: 1418 Fairgreen Circle	
CITY-ST-ZIP: West Palm Beach FL 33417	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P / VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Campbell, David P.	
STREET ADDRESS: 1418 Fairgreen Circle	
CITY-ST-ZIP: West Palm Beach FL 33417	
TITLE: T.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Wilkie, Ellen S.	
STREET ADDRESS: 1418 Fairgreen Circle	
CITY-ST-ZIP: West Palm Beach FL 33417	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Date: **4/27/00** Daytime Phone #: **561-687-7515**

CR2E034 (9/99)