2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1999 0000 1 Jul 05, 2000 8:00 am **Secretary of State** CLEVELAND POOL REPAIR, INC. 06-08-2000 90027 032 \*\*\*150.00 Principal Place of Business Mailing Address 5510 SPENCE DRIVE 5510 SPRUCE DRIVE 7 PIERCE FL 34982. FT PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address SSIOSPRUCE DRIVE 3510 SPRUCE NEWE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number 1,5-090365 FRCE Not Applicable (-7 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JE CHAISVELD JE 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. RICHARD R. CLEVELAND TR SIGNATURE FILE NOW!!! FEE 19 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition CR2E034 (9/99) TITLE HES DEUT TREASURER\_ NAME CREVERANDUR NAME STREET ADDRESS STREET ADDRESS PIEPCE, FL 34982 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change PRESIDENT SECRETARY Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34980 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete THUE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME 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 myname appears in Block 11 or Block 12 if the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that myname appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.