2000 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000024688** REFLECTIONS POOLS & SPAS, INC. 04-19-2000 90061 016 ***150.00 Mailing Address Principal Place of Business 2304 GREENBRIER DRIVE 2304 GREENBRIER DRIVE MIDDLEBURG FL 32068-4544 MIDDLEBURG FL 32068 abla2. Principal Place of Business 3. Mailing Address 2494- BIANOINA Blup 2494 - BLANDENG BIVD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 坏 10 10 City & State 4. FEI Number Applied For City & State 61 59- 3563916 Not Applicable MIDDLE BURG MIDDLEBURG Country Country \$8.75 Additional 5. Certificate of Status Desired CLAY 32068 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BROWN, BRAD** Street Address (P.O. Box Number is Not Acceptable) 2304 GREENBRIER DRIVE MIDDLEBURG FL 32068 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE BRADLEY A Brown NAME NAME 2304 Green BRLER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP m I ODLE Burg Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND DIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR