

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025068

1. Entity Name

A REAL POOL STORE, INCORPORATED

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90058 031 ***150.00

Principal Place of Business 2855 S.W. BRIGHTON ST. PORT ST. LUCIE FL 34953	Mailing Address 2855 S.W. BRIGHTON ST. PORT ST. LUCIE FL 34953-3490
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2. Principal Place of Business 3237 SW Port St. Lucie Blvd Suite, Apt. #, etc.	3. Mailing Address 3237 SW Port St. Lucie Blvd Suite, Apt. #, etc.
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City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
Zip 34953	Zip 34953
Country ST LUCIE	Country ST LUCIE

4. FEI Number 65-0925082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TANTILLO, DAVID 2855 S.W. BRIGHTON ST. PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent Name DAVID TANTILLO Street Address (P.O. Box Number is Not Acceptable) 3237 SW Port St. Lucie Blvd City Port St. Lucie FL Zip Code 34953

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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANTILLO, DAVID 4530 N.W. ALSACE AVE. PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LISA MCCULLOUGH 1014 SW MATARO ST. PORT ST. LUCIE FL 34953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-12-00 Date	541-879-9200 Daytime Phone #
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CR2E034 (9/99)