Apr 09 03 08:56a Bowar & Associates, Inc.

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90193 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032363

1. Entity Name
DARRELL'S POOL SERVICE INC

DO NOT WRITE IN THIS SPACE

90089943

2. Principal Place of Business	3. Mailing Address
1055 KENSINGTON PARK	PO BOX 160605
Suite, Apt. #, etc. 305	Suite, Apt. #, etc.
City & State ALT. SPGS, FL	City & State ALT. SPGS, FL
Zip 32714 Country SEMINOLE	Zip 32716 Country SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3572649 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DARRELL R. MYERS

Street Address (P.O. Box Number is Not Acceptable) 1055 KENSINGTON PARK DR. #305

City ALTAMONTE SPRINGS FL Zip Code 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES.
NAME	DARRELL R. MYERS
STREET ADDRESS	1055 KENSINGTON PARK DR #305
CITY-ST-ZIP	ALT. SPGS, FL, 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-15-003 407-509-9485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #