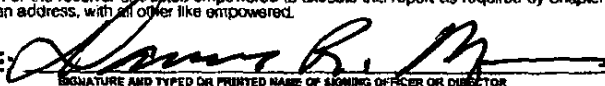


FILED
Apr 17, 2003 8:00 am
Secretary of State

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		
2. Principal Place of Business 1055 KENSINGTON PARK PO BOX 160605		3. Mailing Address 1055 KENSINGTON PARK PO BOX 160605
Suite, Apt. #, etc. 305		
City & State Alt. Spgs., FL		City & State Alt. Spgs., FL
Zip 32714		
Country SEMINOLE		Country SEMINOLE
Zip 32716		
4. FEI Number 59-3572649		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when not using)		
DATE _____		
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	
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		

90089943

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)