

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90111 003 \*\*\*150.00

**DOCUMENT # P99000055040**

1. Entity Name  
**G & S POOL SERVICE II, INC.**

Principal Place of Business      Mailing Address  
 917 SE 16TH COURT      917 SE 16TH COURT  
 BEACH FL 33442      DEERFIELD BEACH FL 33441-7428

00040410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **65-0928218**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHORZELEWSKI, BRIAN**  
**917 SE 16TH COURT**  
**DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code **33441**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**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.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Brian Chorzelewski</b>
STREET ADDRESS	<b>917 S.E. 16th Ct.</b>
CITY-ST-ZIP	<b>Deerfield, FL 33441</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Alison Cashin Chorzelewski</b>
STREET ADDRESS	<b>917 S.E. 16th Ct.</b>
CITY-ST-ZIP	<b>Deerfield, FL 33441</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Steven Chorzelewski</b>
STREET ADDRESS	<b>4023 SW 1st Place</b>
CITY-ST-ZIP	<b>Deerfield, FL 33442</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alison Cashin Chorzelewski      Date: 4/20/00      Daytime Phone #: 954-596-2323

CR2E034 (9/99)