

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90449 047 ***150.00

DOCUMENT # P99000067787

1. Entity Name
ALPHA POOL SERVICE, INC.



Principal Place of Business
10598 BOLD ENTRADA BLVD
BOCA RATON FL 33428

Mailing Address
10598 BOLD ENTRADA BLVD
BOCA RATON FL 33428

2. Principal Place of Business
21195 ESCONDIDO WAY N.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

4. FEI Number 65-0961520

Applied For
Not Applicable

Zip
33433

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NACIMENTO, FERNAND
10598 BOLD ENTRADA BLVD
BOCA RATON FL 33428

Name

Street Address (P.O. Box Number is Not Acceptable)

21195 ESCONDIDO WAY N.

City

BOCA RATON

FL

Zip Code

33433

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME NASCIMENTO, FERNANDA
STREET ADDRESS 10598 BOLD ENTRADA BLVD
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☒ Change ☐ Addition
NAME 21195 ESCONDIDO WAY N.
STREET ADDRESS BOCA RATON, FL 33433
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DA
STREET ADDRESS MARIA PENNA-NEIDERLICK
CITY-ST-ZIP 4335 NW 4 AVE.
PORTLAND AECHE, FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Penna-Neiderlick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-03
Date Daytime Phone #

CR2E034 (10/02)