FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 19, 2001 8:00 am DOCUMENT # P99000070213 Secretary of State PINNACLE POOL CONSTRUCTION, INC. 02-19-2001 90071 044 ***150.00 Principal Place of Business Mailing Address 6822 COMPTON LANE NORTH 6822 COMPTON LANE NORTH NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address 38/0 EXCHANGE AVE 6323 JANES Suite, Apt. #, etc. Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3594523 NAPLES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCAVOY, BRIAN V Street Address (P.O. Box Number is Not Acceptable) 5551 RIDGEWOOD DRIVE STE 405 NAPLES FL 34108 City Zin Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 19 \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so, After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition SU. CHEN TUNG NAME NAME STREET ADDRESS STREET ADDRESS **6822 COMPTON LANE NORTH** CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 TITLE ☐ Delete TITLE SU, CHEN K NAME STREET ADDRESS 5868 JAMESON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 Delete TITLE : TITLE Michael D. Tant 409 Candlewood Lane NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34110 TITLE Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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.

DIRECTOR