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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2003 8:00 am Secretary of State P99000078744 DOCUMENT # 1. Entity Name 02-27-2003 90111 046 ***150.00 BUDDY'S POOL SERVICE, INC. Principal Place of Business Mailing Address P.O. BOX 293 P.O. BOX 293 **LEHIGH ACRES FL 33970** LEHIGH ACRES FL 33970 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0943088 Not Applicable Zip Country Zip 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 WILLIAM R. PHILLIPS SOUTHWEST PROFESSIONAL SERVICES OF FORT MY Street Address (P.O. Box Number is Not Acceptable) 2040 VIRGINIA AVENUE ERS. INC. 13611 MCGREGOR BLVD..#3 FT. MYERS FL 33919 **FORTSMYERSES** 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. WILLIAM R. PHILLIPS SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TULE TITLE Delete Change ☐ Addition PHILLIPS, WILLIAM R NAME NAME P.O. BOX 293 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33970 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

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