2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000103634 May 16, 2000 8:00 am Secretary of State 1. Entity Name ROYAL PALM POOLS & SPAS, INC. 05-16-2000 90008 034 ***150.00 Mailing Address Principal Place of Business 7771 WINDBREAK ROAD 7771 WINDBREAK ROAD ORLANDO FL 32819-7250 ORLANDO FL 32819-7250 3. Mailing Address 2. Principal Place of Business WAY 9381 WICKHAM <u>9381 WICKHAM</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. EEI Number City & State City & State 610833 Not Applicable RLANDO \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 1836-*551* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent dress (P.O. Box Number is Not Acceptable) WILKISON, MARILYN J 7771 WINDBREAK ROAD ORLANDO FL 32819-7250 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 WILKISON MARILYN (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. TITI F ☐ Delete TITLE PALKOWITSH, CHRIS B NAME 9381 WIERH STREET ADDRESS 9542 BUTLER DRIVE STREET ADDRESS CITY-ST-ZIP **BRENTWOOD TN 37027** CITY-ST-ZIP TITLE ☐ Delete TITLE WILKISON, MARILYN J. NAME WILKISON, MARILYN J NAME 9381 WICKHAM WAY STREET ADDRESS 7771 WINDBREAK ROAD STREET ADDRESS ORLANDO, FL 32836-5518 CITY-ST-ZIP ORLANDO FL 32819-7250 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: MARILYN J. WILKISON 4-29-2000 407-909-9434

Date Dayline Phone #