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03 JUN 25 AM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103634

1. Entity Name
ROYAL PALM POOLS & SPAS, INC.

600021159096
06/26/03--01058--009 **61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 8724 ELLESMERE PLACE<br>ORLANDO, FL 32836-5768 | 8724 ELLESMERE PLACE<br>ORLANDO, FL 32836-5768 |

☐ CHECK HERE IF MAKING CHANGES

| 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 59-3810833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALKOWITSH, CHRIS B
104 LAUREL WAY
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name CHRIS B. PALKOWITSH
Street Address (P.O. Box Number is Not Acceptable) 8724 ELLESMERE PLACE
City ORLANDO FL Zip Code 32836

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 Chris B. Palkowitsh 6-25-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when executing) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PS<br>PALKOWITSH, CHRIS B<br>8724 ELLESMERE PLACE<br>ORLANDO, FL 328366768 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MABEE, CHERY L<br>8724 ELLESMERE PLACE<br>ORLANDO, FL 328366768 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY + TREASURER<br>MARILYN J. WILKISON<br>104 LAUREL WAY<br>PONTE VEDRA BEACH FL 32082-3411 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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CR2E034 (10/32)

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: Chris B. Palkowitsh 6-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

6/25