

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90204 030 ***150.00

DOCUMENT # P 99000104088
1. Entity Name
Pool Sense, Inc.

DO NOT WRITE IN THIS SPACE

14005271

2. Principal Place of Business 5304 Little Road Suite, Apt. #, etc.		3. Mailing Address 5304 Little Road Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey	
Zip 34655-1294	Country USA	Zip 34655-1294	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3621073		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Linda Reh	
Street Address (P.O. Box Number is Not Acceptable) 5304 Little Road	
City New Port Richey	FL Zip Code 34655-1294

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 Linda Reh **Linda A. Reh** **4/23/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Linda A. Reh 5304 Little Road New Port Richey, FL 34655-1294
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President \ Treasurer Linda A. Reh 5304 Little Road New Port Richey, FL 34655-1294
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President \ Secretary Christopher Reh 5304 Little Road New Port Richey, FL 34655-1294
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Reh **Linda Reh \ President** **4/23/2005** **(727) 375-9314**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #