FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

09-04-2002 90088 016 ****61.25

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000109342

1. Entity Name Swim Temp Inc dba Pool Solutions West Coa

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2. Principal Place of Business	3. Mailing Address
5901 Sun Blvd #102	5901 Sun Blvd #102
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33715 Country: Pinellas	Zip: 33715 County: Pinellas

4. FEI Number: 59-3618337 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Pam Langley

Street Address (P.O. Box Number is Not Acceptable): 2087 Illinois Ave NE

City: St. Petersburg FL Zip Code: 33703

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P, S, T
NAME	Pam Langley
STREET ADDRESS	2087 Illinois Ave NE
CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	V
NAME	Mark Langley
STREET ADDRESS	2087 Illinois Ave NE
CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	
NAME	
STREET ADDRESS	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pam Langley Pam Langley 8/28/02 727-866-8266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #