4/21/2003-90384-046-$150.00-$150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 30 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55047785

DOCUMENT # P99000111606

1. Entity Name
T.L.C. Pools Inc.

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6350 Linton St. | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jupiter, Fl. | City & State: |
| Zip: 33458 Country: Palm Bch | Zip / Country |

4. FEI Number: 65-0968247 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Changi

City: FL Zip Code

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: Cynthia M Payne DATE: 6-10-03

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

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President Cynthia M. Payne 6350 Linton St. Jupiter, Fl. 33458 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President Jamie Payne 6350 Linton St. Jupiter, Fl. 33458 |
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CR2E034B (12/02)

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: Cynthia M Payne Payne 5-5-03

Name and Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #

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