## 2003 FOR PROFIT CORPORATION

Mailing Address

## **UNIFORM BUSINESS REPORT (UBR)** S04976

1. Entity Name

DOCUMENT #

Principal Place of Business

RIO BLUE POOL CARE, INC.



Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90112 024 \*\*\*150.00



Signature. Tribed or contend name of registered agent.    Signature. Tribed or contend name of registered agent and title if applicable.   Signature. Tribed or contend name of registered agent.			
Suite. Apt. #, etc.  Suite. Apt. #, etc.  City & State  Country  Country  Country  Country  Country  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  DOURADO, FERNANDO C. 617 VICTORIA PARK ROAD  FL LAUDERDALE FL 33304  City  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  6. 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 the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  DOURADO, FERNANDO C.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  DOURADO, DANE V.  617 VICTORIA PARK ROAD  FT LAUDERDALE FL  CITY-ST-Zip  TITLE  VSD  DOURADO, DANE V.  617 VICTORIA PARK ROAD  FT LAUDERDALE FL  CITY-ST-Zip  Change  C			
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  SR.75 Addition Fee Required  Required  For Name and Address of Current Registered Agent  Name  DOURADO, FERNANDO C. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL 33304  City  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 the obligations of registered agent.  SIGNATURE  Signature, spread or content name of registered agent and the if applicable.  (NOTE: Registered Agent experies when remaining)  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridal Department of State  OFFICERS AND DIRECTORS IN ITLE  MAME  DOURADO, FERNANDO C. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  TITLE  VSD  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  TITLE  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  TITLE  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  TITLE  ORAGE  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  TITLE  OLD Delete  TITLE  OLD Delete  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 618 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 618 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 618 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 618 VICTORIA PARK ROAD  FT LAUDERDALE FL  OURADO, DIANE V. 619 Charge  Charge	# (# F)		
Zip Country Zip Country 5. Certificate of Status Desired	CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DOURADO, FERNANDO C. 617 VICTORIA PARK ROAD  FT LAUDERDALE FL 33304  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 the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TUCTORIA PARK ROAD  FT LAUDERDALE FL  SIGNATURE  SIRRET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  TULE  SAME  STREET ADDRESS  CITY-ST-ZIP  Change  Change  Change  Change  Change  Change  Change	ed For oplicable		
DOURADO, FERNANDO C. 617 VICTORIA PARK ROAD FT LAUDERDALE FL 33304  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and the boligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  VSD  DOURADO, FERNANDO C. 617 VICTORIA PARK ROAD FT LAUDERDALE FL  VSD  DOURADO, DIANE V. 617 VICTORIA PARK ROAD FT LAUDERDALE FL  DOURADO, DIANE V. 617 VICTORIA PARK ROAD FT LAUDERDALE FL  NAME  NAME  NAME  DEelete  TITLE  NAME	nal		
DOURADO, FERNANDO C. 617 VICTORIA PARK ROAD FT LAUDERDALE FL 33304    City   FL   Zip Code			
## Street Address (P.O. Box Northber is Not. Acceptable)    City   FL   Zip Code			
## City   FL   Zip Code    ## Authority   FL   Zip Code    ##	Street Address (P.O. Box Number is Not Acceptable)		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**