

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S48842

FILED
Sep 17, 2002
Secretary of State

Entity Name: TROPICAL POOL SERVICE AND SUPPLY, INC.

Current Principal Place of Business:

2180 ANDREA LANE
UNIT 9
FORT MYERS, FL 33912 US

New Principal Place of Business:

5840 YOUNGQUIST ROAD
FORT MYERS, FL 33912 US

Current Mailing Address:

2180 ANDREA LANE
UNIT 9
FORT MYERS, FL 33912 US

New Mailing Address:

5840 YOUNGQUIST ROAD
FORT MYERS, FL 33912 US

FEI Number: 65-0270622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMSTER, JERRY
9203 LANTERN WAY
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

MCKENZIE, JAMES K
6308 PANTHER LANE
APT. T5
FT. MYERS, FL 33919 US

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: JAMES KEITH MCKENZIE

09/17/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GAMSTER, JERRY,
Address: 2149 ANDREA LN 2
City-St-Zip: FORT MYERS, FL

Title: DVS (X) Delete
Name: GAMSTER, RONDA,
Address: 2149 ANDREA LN 2
City-St-Zip: FORT MYERS, FL

Title: D (X) Delete
Name: GAMSTER, TODD,
Address: 2149 ANDREA LANE 2
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MCKENZIE, JAMES K
Address: 5840 YOUNGQUIST ROAD
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES KEITH MCKENZIE

DPT

09/17/2002

Electronic Signature of Signing Officer or Director

Date