

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90099 037 ***158.75

DOCUMENT # S50634

1. Entity Name

GOOD FRIENDS POOL SERVICE, INC.

| | |
|--|--|
| Principal Place of Business 21000 BOCA RIO A-23 BOCA RATON FL 33433-1505 | Mailing Address 21000 BOCA RIO A-23 BOCA RATON FL 33433-1516 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 65-0267140 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCLEARY, DAN
21000 BOCA RIO RD
A-23
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|--|--|
| TITLE PD | <input type="checkbox"/> Delete MCCLEARY, DANIEL 1 WEST ARCH DR LAKE WORTH FL | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE V | <input type="checkbox"/> Delete MCCLEARY, CHRISTINE 1 WEST ARCH DRIVE LAKE WORTH FL | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE ST | <input type="checkbox"/> Delete MCCLEARY, CHRISTINE 1 WEST ARCH DRIVE LAKE WORTH FL | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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i3. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine C McCleary Date: 1-12-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-451-0706