

DOCUMENT # S50634

1. Entity Name

GOOD FRIENDS POOL SERVICE, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90072 043 ***150.00

Principal Place of Business

Mailing Address

21000 BOCA RIO A-23
BOCA RATON FL 33433-1505

21000 BOCA RIO A-23
BOCA RATON FL 33433-1505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0267140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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, 2001 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
NAME MCCLEARY, DANIEL Delete
STREET ADDRESS 1 WEST ARCH DR
CITY-ST-ZIP LAKE WORTH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MCCLEARY, CHRISTINE Delete
STREET ADDRESS 1 WEST ARCH DRIVE
CITY-ST-ZIP LAKE WORTH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME MCCLEARY, CHRISTINE Delete
STREET ADDRESS 1 WEST ARCH DRIVE
CITY-ST-ZIP LAKE WORTH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Christine C McCleary Christine C McCleary 561-451-0705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE