2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S50634

FILED Jan 14, 2003 Secretary of State

Entity Name: GOOD FRIENDS POOL SERVICE, INC.

un viit l	ioipai i idee	e of Business:	New Principal Place	. 0. E40III000.
21000 BOCA RIO A-23 BOCA RATON, FL 334331505			21000 BOCA RIO A-27 BOCA RATON, FL 334331505	
urrent Mailing Address:			New Mailing Address:	
	CA RIO A-23 TON, FL 3343	31505	21000 BOCA RIO A-2 BOCA RATON, FL 3:	
El Number	: 65-0267140	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	RY, DAN			
	CÁ RIO RD			
-23 OCA RA	TON, FL 3343		ournose of changing its registere	ed office or registered agent, or both
23 DCA RA ne above the State	TON, FL 3343 e named entity e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
-23 OCA RA ne above	TON, FL 3343 e named entity e of Florida. RE:			ed office or registered agent, or both, Date
-23 OCA RA ne above the State GNATU	TON, FL 3343 e named entity e of Florida. RE: Electror	submits this statement for the		
-23 OCA RA ne above the Stati GNATUI	TON, FL 3343 e named entity e of Florida. RE: Electror	submits this statement for the nic Signature of Registered Ag	ent	
-23 OCA RA ne above the Stati GNATUI	TON, FL 3343 e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete ANIEL, DR	ent	Date
23 DCA RA THE ABOVE THE AB	e named entity e of Florida. RE: Electron mpaign Financin S AND DIREC PD (MCCLEARY, D 1 WEST ARCH LAKE WORTH,	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete ANIEL, DR FL) Delete HRISTINE DRIVE	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

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: CHRISTINE MCCLEARY V 01/14/2003