2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # S54295 Jun 27, 2000 8:00 am 1. Entity Name **Secretary of State** MAJESTIC POOL SERVICES, INC. 06-27-2000 90002 003 ***150.00 Mailing Address Principal Place of Business 6323 JANES LANE 6323 JANES LANE NAPLES, FL 34109 NAPLES, FL 34109 uuu65990 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0271121 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SU, CHEN TUNG Street Address (P.O. Box Number is Not Acceptable) 6323 JANES LANE NAPLES, FL 34109 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible -10:-Election-Campaign:Financing-\$5:00-May Be-After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME SU, CHEN TUNG STREET ADDRESS STREET ADDRESS 6822 COMPTON LANE NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 Change ☐ Addition ☐ Delete TITLE NAME NAME SU, CHEN-KUEN STREET ADDRESS 5868 JAMESON DRIVE NAPLES, FL 34119 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. Thereby certify that the information supplied curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental/re indicated on this report or supplemental/report is true ar of the corporation or the receiver or trustee ampoweded. changed, or on an attachment with an addre SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

CR2E034 (9/99

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

CUMENT # \$54295

JESTIC POOL SERVICES, INC.

=323 Janes Lane

Country

9. Name and Address of Current Registered Agent

' Place of Business

Place of Business

Mailing Address

AUTHORIGIE AVE - FL 34104

Apt. #, etc.

Naples

SU, CHEN TUNG

NAPLES FL 34104

3808 EXCHANGE AVE

2008 EXCHANGE AVE NAPLES FL 34104

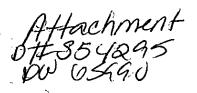
Mailing Address

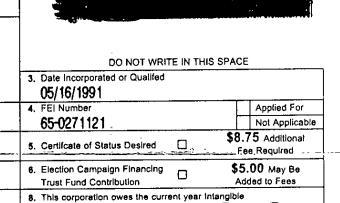
6323

Suite, Apt. #, etc.

Japi

City & State





Personal Property Tax.

Janes Lane

Street Address (P.O. Box Number Is Not Acceptable)

10. Name and Address of New Registered Agent

Zip Code 34109 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered a lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

84

Janes Lane

Country

45

lignature, lyped or printed name of registered agent and title if app	licable. (NOTE:	Registered Agent signature required			0.01.40
OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR		
DP	☐ DELETE	1,1 TITLÉ	□cı	hange	Addition
SU, CHEN TUNG		1.2 NAME			
730 SPRINGLINE DR		1.3 STREET ADDRESS			
NAPLES FL 34102		1.4 CITY-ST-ZIP			
VD	☐ DELETE	2.1 TITLE		hange	Addili Addili
SU, CHEN-KUEN		2.2 NAME			
5868 JAMESON DR		2.3 STREET ADDRESS			
NAPLES FL 34119		2. 4 CITY-ST-ZIP			
	☐ DELETE	3.1 TITLE		hange	Addit 🔲
;		3.2 NAME			
		3.3 STREET ADDRESS	•		
		3.4. CITY+ST+ZIP			
	☐ DELETE	4.1 TITLE	□ CI	hange	☐ Addil
		4. 2 NAME			
		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
	☐ DELETE	5.1 TITLE	C	hange	Addit
		5.2 NAME	•		
		5.3 STREET ADORESS			
		5.4 CITY-ST-ZIP			
	DELETE -	6.1 TITLE	. □ Cı	hange	Addit
	100	6.2 NAME			
		5.3 STREET ADDRESS	· ·		
		6.4 CITY - ST - ZIP			

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 on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an 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 attachment with an address, with all other like empowered. 12 or Block 13 if changed, or on per

1/5/03

□ No