2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V00578** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name PERMA-BUILT POOLS INC. 04-20-2000 90057 019 ***150.00 Principal Place of Business Mailing Address 7354 HEATHLY OR 7354 HEATHLY OR LAKE WORTH FL 33467-7729 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0321331 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KONDENAR, BRIAN Street Address (P.O. Box Number is Not Acceptable) 3780 NW 58TH ST **COCONUT CREEK FL 33073** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition O'12. | 17. | TITI F TITLE ☐ Delete KONDENAR, BRIAN NAME 3780 N.W. 58TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **COCONUT CREEK FL 33073** CITY-ST-ZIP Addition ☐ Change ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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

SIGNATURE: