

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000046133

**Entity Name:** SAPPHIRE COMPLETE POOL CARE INC.

**Current Principal Place of Business:**

1533 OLYMPIA RD  
VENICE, FL 34293

**Current Mailing Address:**

PO BOX 1693  
VENICE, FL 34285 US

**FEI Number: 86-3999889**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MUCZYNSKI, DENNISON  
1533 OLYMPIA RD  
VENICE, FL 34293 US

*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: DENNISON MUCZYNSKI**

**02/20/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MUCZYNSKI, DENNISON  
Address 1533 OLYMPIA ROAD  
City-State-Zip: VENICE FL 34293

Title D  
Name SYSWERDA-MUCZYNSKI, JENNIFER  
Address 1533 OLYMPIA RD  
City-State-Zip: VENICE FL 34293

Title P  
Name MUCZYNSKI, DENNISON  
Address 1533 OLYMPIA RD  
City-State-Zip: VENICE FL 34293

Title S  
Name SYSWERDA-MUCZYNSKI, JENNIFER  
Address 1533 OLYMPIA RD  
City-State-Zip: VENICE FL 34293

*I hereby 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 all other like empowered.*

**SIGNATURE: DENNISON MUCZYNSKI**

**P**

**02/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date