

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90018 044 ***150.00

DOCUMENT # 259207

1. Entity Name

HERCULES HYDRAULICS, INC.

Principal Place of Business

Mailing Address

2650 ENTERPRISE RD.
 CLEARWATER FL 33763
 US

2650 ENTERPRISE RD.
 CLEARWATER FL 33763-1105
 US

2. Principal Place of Business

3. Mailing Address

1016 N. BELCHER RD

1016 N. BELCHER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33765

PINELLAS

33765

PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0970013

Applied For

Not Applicable

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

HOOPES, RAYMOND
 2650 ENTERPRISE RD
 CLEARWATER FL 33763

Name

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

1016 N. BELCHER RD.

City

CLEARWATER

FL

Zip Code

33765

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

Raymond T. Hoopes

Chairman

1/18/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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: P
 NAME: HOOPES, RAYMOND T.
 STREET ADDRESS: 2650 ENTERPRISE RD
 CITY-ST-ZIP: CLEARWATER FL

TITLE: CHAIRMAN
 NAME: RAYMOND HOOPES
 STREET ADDRESS: 1016 N. BELCHER RD
 CITY-ST-ZIP: CLEARWATER, FL 33765

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Delete

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Change

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Delete

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: Change

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:

Raymond T. Hoopes Raymond T. Hoopes

Date

Daytime Phone #

1/18/00 727/796-1300