

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90094 007 \*\*\*150.00

**DOCUMENT # S62444**

1. Entity Name  
**ATLANTIC & GULF HYDRAULICS, INC.**



Principal Place of Business  
**3010 THIRD STREET  
SUITE A  
JACKSONVILLE BEACH FL 32250**

Mailing Address  
**PO BOX 50128  
JACKSONVILLE BEACH FL 32240**



2. Principal Place of Business

3. Mailing Address

**P. o. Box D.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Port Isabel TX**

4. FEI Number **59-3074718**

Applied For  
Not Applicable

Zip

Country

Zip  
**78578**

Country  
**USA**

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

**PATTERSON, LAWRENCE R  
3010 S THIRD ST  
STE A  
JACKSONVILLE FL 32250**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALFONSO, GARY W.</b>	
STREET ADDRESS	<b>1405 HARBOR ISLAND DR</b>	
CITY-ST-ZIP	<b>PORT ISABEL TX 78578</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ALFONSO, J. MELISSA</b>	
STREET ADDRESS	<b>1405 HARBOR ISLAND DR</b>	
CITY-ST-ZIP	<b>PORT ISABEL TX 78578</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Melissa Alfonso* **SIGNATURE REQUIRED** 1/27/03 (956) 943-6127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)