2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 247397 Aug 03, 2000 8:00 am Secretary of State 1. Entity Name HYDRAULIC MACHINERY, INC. 08-03-2000 90004 007 ***150.00 Mailing Address Principal Place of Business 5024 N. 56TH STREET 5024 N. 56TH STREET TAMPA FLA 33610 TAMPA FLA 33610 U9U7622**8** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0975079 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALFEE, JOHN P Street Address (P.O. Box Number is Not Acceptable) 5024 N. 56TH ST. TAMPA FL 33610 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE'IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITL F CALFEE, CRAWFORD NAME NAME 512 \$ ST CLOUD AVE STREET ADDRESS STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change CALFEE, VIRGINIA NAME NAME 512 S ST CLOUD AVE STREET ADDRESS STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE CALFEE, CARLTON NAME NAME 5024 NORTH 56TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE CALFEE, JOHN NAME NAME 5024 NORTH 56TH STREET STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 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

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 a policy like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ca 18ep 7/25/00

1-813-62 18002

Daytime Phone #

FLORIDA HYDRAULIC MACHINERY, INC.

TAMPA 1-813-621-8002
FACSIMILE 1-813-621-1560
FT. LAUDERDALE 1-954-761-3100
WATTS 1-800-683-5438

5024 N. 56th Street P.O. Box 11922 Tampa, FL 33610

July 25, 2000

Division of Corporations P.O. Box 6327 Tallahasse, Fl. 32314

Re: 2000 Uniform Business Report

Dear Sir,

We did not receive notification in January that this was due. Please find enclosed the signed paperwork and a check in the amount of \$150.00.

Respectfully,

John Calfè Fresident







