2000 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2000 8:00 am Secretary of State DOCUMENT # 402192 HYDROSYSTEM ASSOCIATES, INC. 04-23-2000 90026 044 ***150.00 Mailing Address Principal Place of Business 11915 BRIGHTWATER BLVD 11915 BRIGHTWATER BLVD TAMPA FL 33617-1702 TAMPA FL 33617 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1405097 Not Applicable \$8.75 Additional -Zio Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARK A. ROSS ROSS, BERNARD E Street Address (P.O. Box Number is Not Acceptable) 11915 Brightwater Blud 11915 BRIGHTWATER **TAMPA FL 33617** Jampa 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President and Director PD 🔀 Delete TITLE TITLE MARK A. ROSS ROSS, BERNARD E NAME 12221 N. Brightwater Blud. STREET ADDRESS STREET ADDRESS 11915 BRIGHTWATER BLVD. Tampa FL 33617=1708 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change Addition SD Delete TITLE NAME ROSS, VIVIAN N NAME STREET ADDRESS 11915 BRIGHTWATER BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition Delete TITLE TITLE NAME ROSS, MARK A NAME STREET ADDRESS 12221 BRIGHTWATER BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change 1 ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00 Date 813)988-5522

FILED