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## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

**SIGNATURE:** 

## Sep 10, 2001 8:00 am Secretary of State 402192 1. Entity Name 09-10-2001 90043 026 \*\*\*550.00 HYDROSYSTEM ASSOCIATES, INC. Principal Place of Business Mailing Address 11915 BRIGHTWATER BLVD 11915 BRIGHTWATER BLVD **TAMPA FL 33617 TAMPA FL 33617** 2. Principal Place of Business 3. Mailing Address Same Samı Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1405097 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARK A: Ross Street Address (P.O. Box Number is Not Acceptable) ROSS, BERNARD E 11915 BRIGHTWATER **TAMPA FL 33617** 12221 N. Brightwater Blud 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 President MARKA. ROSS 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 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. (5/01) TITLE Delete TITLE 10 Change ☐ Addition PD ROSS,BERNARD E NAME ROSS, MARK A. 12221 N. Brightwake Blud NAME STREET ADDRESS STREET ADDRESS 11915 BRIGHTWATER BLVD. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Tempk Terrace, FL TITLE ☐ Addition TITLE Delete SD NAME ROSS, VIVIAN N NAME STREET ADDRESS STREET ADDRESS 11915 BRIGHTWATER BLVD. CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME ROSS, MARK A NAME 12221 BRIGHTWATER BLVD. -STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

MARK A. ROSS 9-3-01 (813) 988-5522