

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 16, 2001 8:00 am  
Secretary of State**

02-16-2001 90017 022 \*\*\*150.00

**DOCUMENT # 424508**

1. Entity Name

**HYDRO-ECOLOGY, INC.**

Principal Place of Business

**708 N. OREGON AVE  
TAMPA FL 33606**

Mailing Address

**708 N. OREGON AVE  
TAMPA FL 33606**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1471895**

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****WADE, THEODORE E.  
606 N. GILCHRIST AVE  
TAMPA FL 33606**Name **Mary Wade**Street Address (P.O. Box Number is Not Acceptable)  
**5436 Lake LeClaire Road**

City

**Lutz****FL**Zip Code  
**33549**

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 \_\_\_\_\_

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, 2001 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 **PD** ☒ Delete  
NAME **WADE, THEODORE E**  
STREET ADDRESS **5436 LAKE LE CLAIRE RD**  
CITY-ST-ZIP **LUTZ, FL 00000**TITLE **PD** ☐ Change ☒ Addition  
NAME **Mary Wade**  
STREET ADDRESS **5436 Lake LeClaire Road**  
CITY-ST-ZIP **Lutz, FL 33549**TITLE **D** ☐ Delete  
NAME **WADE, KEITH E.**  
STREET ADDRESS **708 NORTH OREGON AVENUE**  
CITY-ST-ZIP **TAMPA, FL 00000**TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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 all other like empowered.

**SIGNATURE:** *MARY G. WADE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)