

2001 UNIFORM BUSINESS REPORT (UBR)

4/11

FILED
May 18, 2001 8:00 am
Secretary of State

04-18-2001 90040 044 ***158.75

DOCUMENT # **900000002709**

1. Entity Name

Waterstone Environmental Hydrology

Principal Place of Business

Mailing Address

1650 38th Street Suite 201 E
Boulder, CO 80301

2. Principal Place of Business

Boulder, CO

3. Mailing Address

1650 38th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boulder CO

4. FEI Number

84-1287030

Applied For

Not Applicable

Zip

Country

Zip

Country

80301

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

Mr. Tom Hockensmith
3980 Bille Vista Dr.
St. Pete Beach, Florida 33706

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.

SIGNATURE

Signature typed or printed name of registered agent; and fee 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	Chairman CEO	<input type="checkbox"/> Delete
NAME	Celia Johnson	
STREET ADDRESS	1650 38th Street	
CITY-ST-ZIP	Boulder CO 80301	
TITLE	President	<input type="checkbox"/> Delete
NAME	Marion Avenue	
STREET ADDRESS	1650 38th Street Suite 201 E	
CITY-ST-ZIP	Boulder CO 80301	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Stephen Cooper	
STREET ADDRESS	1650 38th Street Suite 201 E	
CITY-ST-ZIP	Boulder CO 80301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **X**

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marsh Lavenue

Date

5/7/01

Daytime Phone

(303) 444-1000

CR2E034 (11/00)