

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90054 040 ***150.00

DOCUMENT # F91734

1. Entity Name
HYDRAULIC PROFESSIONALS, INC.

Principal Place of Business

% CHARLES B ROBINSON
 1212 34TH STREET 1302
 TAMPA FL 33605

Mailing Address

% CHARLES B ROBINSON
 1302 1212 34TH STREET
 TAMPA FL 33605

2. Principal Place of Business

1302 N. 34th Street
 Suite, Apt. #, etc.

3. Mailing Address

1302 N. 34th Street
 Suite, Apt. #, etc.

City & State

Tampa, FL
 Zip 33605 Country

City & State

Tampa, FL
 Zip 33605 Country

4. FEI Number **59-2211048**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CHARLES B
 1302 1212 34TH STREET
 TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1302 N. 34th Street

City

Tampa

FL

Zip Code

33605

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 Charles B. Robinson CHARLES B. ROBINSON, PRESIDENT 3-27-01
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, CHARLES B	
STREET ADDRESS	1212 34TH ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUERCIO, CARMELLO A.	
STREET ADDRESS	1212 34TH ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHN, JERROL I.	
STREET ADDRESS	1212 34TH ST	
CITY-ST-ZIP	TAMPA, FL 00000	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1302 N. 34th Street	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1302 N. 34th Street	
CITY-ST-ZIP	Tampa, FL 33605	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1302 N. 34th Street	
CITY-ST-ZIP	Tampa, FL 33605	
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		
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: Charles B. Robinson CHARLES B. ROBINSON 3-27-01 83-248-1968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)