

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000212

1. Entity Name

HYDROLEC LIMITED, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90006 047 ***558.75

0010016

Principal Place of Business

5018 STEPP AVENUE
JACKSONVILLE FL 32216

Mailing Address

5018 STEPP AVENUE
JACKSONVILLE FL 32216

2. Principal Place of Business

5018 STEPP AVE

Suite, Apt. #, etc.

3. Mailing Address

5050 STEPP AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

4. FEI Number

98-0138016

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAWASAKI, KIM
5018 STEPP AVENUE
JACKSONVILLE FL 32216

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, type and printed name of registered agent and title if applicable.

President

7/20/01

(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
NAME
STREET ADDRESS
CITY-ST-ZIP

S
FITZGERALD, JOHN
6 SULLIVAN'S QUAY
CORK, IRELAND

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE
NAME
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CITY-ST-ZIP

Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/01

Date

904-730-3766

Daytime Phone #

CR2E034 (10/00)