2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # F95000004501 1. Entity Name UNITED HYDRO ENGINEERING, INC. Principal Place of Business Mailing Address 8098 SW 106 PL P.O. BOX 771746 OCALA FL 34481 OCALA FL 34477-1746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0595713 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZUPPARDO, J E Street Address (P.O. Box Number is Not Acceptable) 8098 SW 106 PL OCALA FL 34481 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signalure required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. 11. ☐ Change ■ Addition Delete TITLE TITLE NAME ZUPPARDO, J. ELIZABETH MAME 3000000023911 STREET ADDRESS 8098 SW 106TH PL STREET ADDRESS 02/02/04-80043-020 158.75 CITY-ST-ZIP OCALA FL 34481 CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change 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-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ELIZABETH Zupparado Date

FILED