

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90299 007 \*\*\*150.00

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**DOCUMENT # F97000006617**

**1. Entity Name**  
**WATERLOO HYDROGEOLOGIC INC.**

**Principal Place of Business**  
 180 COLUMBIA ST. W., UNIT 1104  
 WATERLOO, ONTARIO, CANADA N2L 3L3  
 OC

**Mailing Address**  
 180 COLUMBIA ST. W., UNIT 1104  
 WATERLOO, ONTARIO, CANADA N2L 3L3  
 OC



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 460 Phillip St, Suite 101  
 City & State  
 Waterloo, Ontario  
 Zip  
 N2L 5J2  
 Country  
 Canada

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 460 Phillip St, Suite 101  
 City & State  
 Waterloo, Ontario  
 Zip  
 N2L 5J2  
 Country  
 Canada

**4. FEI Number**  
 NOT APPLICABLE  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CLEARY, ROBERT W  
 860 NORMANDY TRACE RD.  
 TAMPA FL 33602

**7. Name and Address of New Registered Agent**  
 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 DATE 4/24/02  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GUIGUER, NILSON 667 PINS ROW CR, UNIT 57 WATERLOO ONT CA N2T- 165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 667 PINEROW CR. UNIT 57 WATERLOO ONT - N2T 2L5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZ, THOMAS 19 MCCAULEY DR. BOLTON, ONTARIO, CANADA L7E -5R8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEARY, ROBERT 860 NORMANDY TRACE ROAD TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Cleary 3301 South Bayshore Blvd, Suite 1810-A Tampa, FL 33629 USA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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: DATE 4/24/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)