2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F98000000235

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

HYDRA INDUSTRIES, INC.

Principal Place of Business	Mailing Address
10551 SATELLITE BLVD. ORLANDO FL 32837	10551 SATELLITE BLVD. ORLANDO FL 32837-8427

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
231 BENTLEY ST	11310 S. ORANGE BLOSSOM TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 220
City & State MARKHAM ONTARIO	City & State ORLANDO FL
Zip L3R 3L1 Country CANADA	Zip 32837 Country USA

4. FEI Number 98-0057776 ☐ Applied For ☐ Not Applicable

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
MARK, BRIAN M ESQ. 104 NORTH CHURCH STREET KISSIMMEE FL 34741	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 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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WARD, WILLIAM S 231 BENTLEY ST ONTARIO, CANADA L4B 1B3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST WARD, SUSAN M 231 BENTLEY ST ONTARIO, CANADA L4B 1B3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003141330--5 -02/21/00--01092--015 ****150.00 ****150.00
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CR2E034 (9/99)

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: [signature] William S WARD JAN 28/00 (800)387-5718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #