

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 14, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000000235**1. Entity Name
HYDRA INDUSTRIES, INC.

Principal Place of Business

231 BENTLEY ST
MARKHAM ONTARIO
CANADA L3R 3L1

Mailing Address

11310 S. ORANGE BLOSSOM TRAIL
PMB 220
ORLANDO FL
32837

2. Principal Place of Business

231 BENTLEY ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARKHAM ON

City & State

4. FEI Number

98-0057776

Applied For

Not Applicable

Zip
L3R 3L1Country
CA

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARK BRIAN MESQ.
104 NORTH CHURCH STREETKISSIMMEE FL
34741 US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/14/2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> Delete
NAME	WARD SUSAN M	
STREET ADDRESS	231 BENTLEY ST	
CITY-ST-ZIP	ONTARIO, CANADA L4B 1B3	
TITLE	P	<input type="checkbox"/> Delete
NAME	WARD WILLIAM S	
STREET ADDRESS	231 BENTLEY ST	
CITY-ST-ZIP	ONTARIO, CANADA L4B 1B3	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD SUSAN M	
STREET ADDRESS	231 BENTLEY ST	
CITY-ST-ZIP	MARKHAM ON L3R 3L1	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD WILLIAM S	
STREET ADDRESS	231 BENTLEY ST	
CITY-ST-ZIP	MARKHAM ON L3R 3L1	
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		
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: WILLIAM S. WARD

PRES

08/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)