

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90075 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000000235			
1. Entity Name HYDRA INDUSTRIES, INC.			
Principal Place of Business 231 BENTLEY ST MARKHAM, ON L3R-3L1-CA		Mailing Address 11310 S. ORANGE BLOSSOM TRAIL PMB 220 ORLANDO, FL 32837	
2. Principal Place of Business 227 IDEMA ROAD		3. Mailing Address [REDACTED]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARKHAM ONTARIO		City & State	
Zip L3R-1B1		Country CANADA	
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 MARK, BRIAN M ESQ. 104 NORTH CHURCH STREET KISSIMMEE, FL 34741		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering) DATE _____			
FILE NOW! FEE IS \$150.00. After May 1, 2003 Fee will be \$650.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP P WARD, WILLIAM S 231 BENTLEY ST MARKHAM, ON L3R-3L1		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 227 IDEMA ROAD MARKHAM, ONTARIO L3R-1B1	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP VST WARD, SUSAN M 231 BENTLEY ST MARKHAM, ON L3R-3L1		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP 227 IDEMA ROAD MARKHAM, ONTARIO L3R-1B1	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 and all 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 another like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date June 16/03 (800) 387-5718 Daytime Phone #	

ON LINE
ADVISED YOU
CHANGE OF ADDRESS
SEPT, 2002

CR2E034 (10/02)