

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001714

1. Entity Name  
HYDRO-ACTION, INC.

Principal Place of Business  
P.O. BOX 12583  
BEAUMONT TX 77726-2583

Mailing Address  
P.O. BOX 12583  
BEAUMONT TX 77726-2583

2. Principal Place of Business  
8645 Broussard Rd  
Suite, Apt. #, etc.

3. Mailing Address  
8645 Broussard Rd  
Suite, Apt. #, etc.

City & State  
BEAUMONT TX

City & State  
BEAUMONT TX

Zip  
77713

Country  
USA

Zip  
77713

Country  
USA

FILED  
00 DEC 28 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is OK if applicable)  
800903529296-4  
01/09/01-01036-001  
\*\*\*\*750.00 \*\*\*\*750.00  
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  
PETER F. SOUZA  
ASSISTANT SECRETARY

DATE  
12/21/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREWERY, GIG		NAME		
STREET ADDRESS	7678 COBBLE STONE TERRACE		STREET ADDRESS	PO Box 220	
CITY-ST-ZIP	LUMBERTON TX 77657		CITY-ST-ZIP	GARY TX 75643	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAIG, JULIE		NAME		
STREET ADDRESS	108 WADE		STREET ADDRESS		
CITY-ST-ZIP	SILSBEE TX 77656		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED JULIE CRAIG, S/T 10/9/00 (409) 892-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)