

2001 UNIFORM BUSINESS REPORT (UBR)

0014963

DOCUMENT # F99000001714

1. Entity Name

HYDRO-ACTION, INC.

Principal Place of Business

8645 BROUSSARD RD.
BEAUMONT TX 77713

Mailing Address

8645 BROUSSARD RD.
BEAUMONT TX 77713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 Not Acceptable)

City



FILED
01 MAR 20 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0286507

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2001 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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DREWERY, GIG**
CITY-ST-ZIP **P.O. BOX 220**
GARY TX 75643

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **CRAIG, JULIE**
CITY-ST-ZIP **108 WADE**
SILSBEE TX 77656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **CRAIG, BRUCE**
CITY-ST-ZIP **108 WADE**
SILSBEE TX 77656

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **DREWERY, GIG**
CITY-ST-ZIP **PO BOX 220**
GARY TX 75643

TITLE ☐ Change ☐ Addition
NAME **T**
STREET ADDRESS **CRAIG, JULIE**
CITY-ST-ZIP **108 WADE**
SILSBEE TX 77656

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **MOUTON, LATRELLE**
CITY-ST-ZIP **109 STEPHENS LN**
LUMBERTON TX 77656

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIE CRAIG

Date

Daytime Phone #

3/16/01 (404) 892-3600

CR2E034 (10/00)