2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003160 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** HYDRO-E-LECTRIC, INC. 03-04-2000 90073 047 ***150.00 Principal Place of Business Mailing Address 35 COOLIDGE STREET 35 COOLIDGE STREET AUBURN MA 33982-1795 AUBURN MA 01501 2. Principal Place of Business 3. Mailing Address Williamsburg Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. <u>Ini+#8</u> Unit#8 Applied For City & State City & State 4. FE) Number 04-3157845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 23982 Fee Required 'harlo:He 3398a 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROLAND, JEANNE Street Address (P.O. Box Number is Not Acceptable) 5474 WILLIAMSBURG DR PUNTA GORDA FL 33982 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. <u>Kola od</u> DATÉ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE DITLE ☐ Delete Wiesman, Paul WIESMAN, PAUL B NAME NAME 75 HUNTSON MEMORIAL HWY 3-8 STREET ADDRESS azoo Cassino STREET ADDRESS CITY-ST-ZIP **LEICESTER MA 01524** CITY-ST-ZIP ☐ Addition 🔀 Change ☐ Delete TITLE TITLE Smith, Erika B SMITH, ERIKA B NAME NAME 23366 LEHIGH AVE. STREET ADDRESS 26473 Trinilas Drive STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33954 CITY-ST-ZIP <u>Punta Gorda, FL 33983</u> Delete 🔀 Change ☐ Addition TITLE TITLE WIESMAN, VIRGINIA L Wiesman, Virginia NAME NAME 75 HUNTSON MEMORIAL HWY 3-8 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LEICESTER MA 01524 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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: