## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # **H53726** 1. Entity Name CONSTRUCTION HYDRAULICS OF LAKE WORTH, INC. 01-19-2000 90164 045 \*\*\*150.00 Principal Place of Business Mailing Address % EDWARD GODBOUT % EDWARD GODBOUT 1320 S. "J" TERRACE 1320 S. "J" TERRACE 602956 LAKE WORTH FL 33460-5595 LAKE WORTH FL 33460 T TERRET BER EINE EINE HEN EINE HERE HERE EIN BERT BERT BERT BER 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2528453 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GODBOUT, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1320 S. "J" TERRACE LAKE WORTH-FL: 33460 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE GODBOUT, EDWARD NAME STREET ADDRESS 1404 INDIAN ROAD STREET ADDRESS CITY-ST-ZIP LAKE CLARK SHRS FL CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE FILIPOWSKI, BRIAN NAME 1471 DRAFT HORSE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BCH. FL CITY-ST-ZIP - Change ☐ Addition TITLE-☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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.

TITLE

NAME

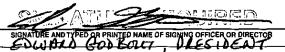
STREET ADDRESS CITY-ST-7/P

SIGNATURE:

TITLE

NAME

STREET ADDRESS



☐ Delete

☐ Change

☐ Addition

CR2F034 (9/99