## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**) J92128 DOCUMENT #

1. Entity Name

HYDRO-TECH GENERAL INDUSTRIES, INC.



**FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90188 023 \*\*\*150.00

	•					No.						
240-C S.W. 30TH STREET 1849				Mailing Address 18495 SOUTH DIXIE HWY #344 MIAMI FL 33157								
ft. Lauderd	ALE FL 33315											
2. Principal Place of Business 3.				3. Mailing Address			1					
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Star	te		City & State			1 0071/025425			Applied For Not Applicabl			
Zip Country			Zip			5. Certificate of Status		ertificate of Status Desired	\$9.75 Autulia		dditional	
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					╡
				-		Name						$\dashv$
NANGLE, JAMES S							74°					_
	184TH LN.					Street Address (P.O. Box Number is Not Acceptable)						
	33157-7417			-	•						_	
	00107 7177			•						·		
						City			FL	Zip Co	ode	
8. The above the obligat	named entity tions of regist	submits this statement for ered agent.	r the purpose	of changing its r	registered	office or registe	red ager	nt, or both, in the State of Florida. I	am far	niliar with	h, and accept	1
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicab	le. (NOTE:	Registered A	gent signature require	d when reins	stating) DA	ΙΤΕ			
		! FEE IS \$150.00					1	9. Election Campaign Financing		ф <u>Б</u>	.00 May Be	$\dashv$
		3 Fee will be \$550.00 Florida Department of	State					Trust Fund Contribution.			ed to Fees	
10. 5		OFFICERS AND	DIRECTORS		11.		ADD	ITIONS/CHANGES TO OFFICERS	AND D	IRECTO	RS IN 11	
TITLE.	P			☐ Delete	TITLE				[	Change	Addition	n [ §
NAMELE, JAMES S						AME						u (10/01)
STREET ADDRESS 8101 S.W. 184 LANE CITY-ST-ZIP MIAMI FL 33157						ADDRESS						5
	MIANI FL			_	CITY-S1	T-ZIP						
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STREET ADDRESS					NAME	ADDRESS						
CITY-ST-ZIP	}				CITY-SI							-
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STREET ADDRESS					_	ADDRESS						
CITY-ST-ZIP					CITY-ST							1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

Delete

☐ Change

Change

☐ Addition

Addition