

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91000 030 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000002822

1. Entity Name  
TRIDENT HYDRO, LLC



Principal Place of Business  
7650 COURTNEY CAMPBELL CSWY., SUITE 1120  
TAMPA, FL 33607

Mailing Address  
7650 COURTNEY CAMPBELL CSWY., SUITE 1120  
TAMPA, FL 33607



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
712 S. Oregon Ave.  
Suite, Apt. #, etc.  
200

3. Mailing Address  
712 S. Oregon Ave.  
Suite, Apt. #, etc.  
200

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
39-3752186

Applied For  
Not Applicable

Zip  
33606

Country  
U.S.

Zip  
33606

Country  
U.S.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, LEONARD H  
37837 MERIDIAN AVENUE, SUITE 314  
DADE CITY, FL 33525

Name  
Street Address (P.O. Box Number Is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	W.A. Kruson, Jr.	712 S. Oregon Ave., Suite 200	Tampa, FL 33606		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

W. Andrew Kruson, Jr.

4-25-03

813-837-3009

CR2E083 (10/02)