

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90289 012 ***150.00

DOCUMENT # L10235

1. Entity Name

AMERICAN HYDRO JET CORPORATION

Principal Place of Business

% PAUL W. ROOS
3580 PALLADIAN CIRCLE
DEERFIELD BEACH FL 33442

Mailing Address

% PAUL W. ROOS
3580 PALLADIAN CIRCLE
DEERFIELD BEACH FL 33442

2. Principal Place of Business

711 NW 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

711 NW 4th Ave

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0143343

Applied For

Not Applicable

Zip

33444

Country

Zip

33444

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROOS, PAUL W.
3580 PALLADIAN CIRCLE
DEERFIELD BEACH FL 33442

Name

Roos, Paul W.

Street Address (P.O. Box Number is Not Acceptable)

711 NW 4th Ave

City

Delray Beach

FL

Zip Code

33444

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

Paul W. Roos

Feb 26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROOS, PAUL W.	
STREET ADDRESS	3580 PALLADIAN CIRCLE	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roos, Paul W.	
STREET ADDRESS	711 NW 4th Ave	
CITY-ST-ZIP	Delray Beach FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul W. Roos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 26 / 01 561 243 8331

CR2E034 (10/00)