

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90028 017 \*\*\*\*50.00

**DOCUMENT # L98000001564**

1. Entity Name

**HYDRO-TECH ENGINEERS INTERNATIONAL, LLC**

Principal Place of Business

**12041 BEACH BLVD., SUITE 11  
JACKSONVILLE FL 32246**

Mailing Address

**12041 BEACH BLVD., SUITE 11  
JACKSONVILLE FL 32246**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**14121 TWIN FALLS DR W.**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

Zip

**32224**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3537811**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPLAN, HOWARD A  
3900 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **TODD Jorgensen**

Street Address (P.O. Box Number is Not Acceptable)  
**14121 TWIN FALLS DR WEST**

City **JACKSONVILLE** **FL** Zip Code **32224**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **CHERINKA, ANDREW J**  
CITY-ST-ZIP **12041 BEACH BLVD., SUITE 11  
JACKSONVILLE FL 32246**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **JORGENSEN, TODD J**  
CITY-ST-ZIP **12041 BEACH BLVD., SUITE 11  
JACKSONVILLE FL 32246**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

CR2E083 (9/01)

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 #

**Todd Jorgensen** **OWNER** **4/8/2002** **904 4771420**