

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90238 021 \*\*\*\*50.00

909800



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # M01000000056</b> 1. Entity Name <b>HYDRO-TEC, LLC</b>			
Principal Place of Business <b>44 IRONWOOD WAY          PALM BEACH GARDENS FL 33418</b>		Mailing Address <b>44 IRONWOOD WAY          PALM BEACH GARDENS FL 33418</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3487944</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DESANTIS, CONRAD J ESQ.          11891 U.S. HIGHWAY ONE          NORTH PALM BEACH FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>Due By September 25, 2002</b>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PALMERI, RICAHRD 44 IRONWOOD WAY PALM BEACH GARDENS FL 33418</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			

CR2E083 (4/02)

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **07.02.02** **561.626.4230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #