

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **170276**

1. Entity Name
H20106Y, Inc

Principal Place of Business Mailing Address
3233 COUNTY ROAD 208 SAME
ST. AUGUSTINE, FL 32092-0517
USA

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2872758** Applied For Not Applicable

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

BRANOVLO, STEPHEN P.
3233 COUNTY ROAD 208
ST. AUGUSTINE, FL 32092-0517

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **MANAGING DIRECTOR**
STREET ADDRESS **BRANOVLO, STEPHEN P.**
CITY-ST-ZIP **3233 CR 208**
ST. AUGUSTINE, FL 32092-0517

TITLE ☐ Delete
NAME **Pres., Director**
STREET ADDRESS **MECHILLAR, CAROL E.**
CITY-ST-ZIP **3233 CR 208**
ST AUGUSTINE, FL 32092-0517

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **STEPHEN P. BRANOVLO** **27 AUG 01** **829 6098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
01 SEP -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

H₂ OLOGY, INC.

3233 County Road 208
St. Augustine, Florida 32092-0517
Phone & Fax: (904) 829-6098

27 August 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Mr. Tyrone Scott

ref: Uniform Business Report #M70276

Dear Mr. Scott:

Per our recent conversation and at your direction, please find this letter as our request for waiving of penalty fees associated with our 2001 Uniform Business Report.

It was recently brought to our attention and I followed up with your office that our 2001 report was not filed. Upon review with your office, it was noted that the mailing address you are using is ...3233 DR 208. Our correct address is as shown above and could be shortened to ...CR 208.

I was told to explain this in this letter, ask for the address to be corrected and send in the original \$150.00 to file the report. I have also included an executed copy of the 2001 Report.

Thank you in advance for your assistance. If you have any further questions, feel free to contact me at the above shown number or address.

Sincerely,



Stephen P. Brandvold
Managing Director