

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86319

1. Entity Name  
CENTRAL FLORIDA HYDRAULICS, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90076 039 \*\*\*150.00

Principal Place of Business  
333 S NORTON AVENUE  
ORLANDO FL 32805

Mailing Address  
333 S NORTON AVENUE  
ORLANDO FL 32805

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 65-0054990

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

MCCLUNG, JON M.  
11701 HERMITAGE DR  
PLANTATION ACRES FL 33325

Name  
BENNETT, IVEN S.  
Street Address (P.O. Box Number is Not Acceptable)  
760 RENEGADE LN

City PORT ORANGE FL Zip Code 32127

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 Iven S. Bennett, Vice-President DATE 1-16-01

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 DP  
NAME MCCLUNG, JON M.  
STREET ADDRESS 11701 HERMITAGE DR  
CITY-ST-ZIP PLANTATION ACRES FL 33325 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6751 CYPRESS RD  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE DVP  
NAME BENNETT, IVEN S.  
STREET ADDRESS 760 RENEGADE LN  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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

TITLE T  
NAME BENNETT, MICHELLE A.  
STREET ADDRESS 760 RENEGADE LN  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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

TITLE S  
NAME MCCLUNG, JAYNE A.  
STREET ADDRESS 11701 HERMITAGE DRIVE  
CITY-ST-ZIP PLANTATION ACRES FL 33325 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6751 CYPRESS RD  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Michelle A. Bennett MICHELLE A. BENNETT, TREASURER DATE 1-16-01 (407) 422-4826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)