

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97158

1. Entity Name

HEAVY DUTY HYDRO-BLASTING, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90051 046 \*\*\*158.75

Principal Place of Business

1360 W. 53RD ST.  
W. PALM BCH FL 33407

Mailing Address

1360 W. 53RD ST.  
W. PALM BCH FL 33407-2207

2. Principal Place of Business

2201 SE Indian St.

3. Mailing Address

3131 Martin Downs Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

H-3

#368

City & State

Stuart FL

City & State

Palm City, FL

Zip

34997

Country

USA

Zip

34990

Country

USA

6. Name and Address of Current Registered Agent

SADER, MARIANNE  
1360 W 53RD ST  
WES PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Street

2201 SE Indian St. H-3

City

Stuart

State

FL

Zip

34997

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to the State of Florida.

SIGNATURE

Marianne Sader, Marianne Sader

4/17/00

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, 2000 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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DT                  | <input type="checkbox"/> Delete |
| NAME           | WATSON, WILLIAM G.  |                                 |
| STREET ADDRESS | 11 SAUNDERS ROAD    |                                 |
| CITY-ST-ZIP    | SUDBURY MA          |                                 |
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | SADER, ALI          |                                 |
| STREET ADDRESS | 1360 W 53RD ST      |                                 |
| CITY-ST-ZIP    | W PALM BCH FL 33407 |                                 |
| TITLE          | CMSV                | <input type="checkbox"/> Delete |
| NAME           | SADER, MARIANNE     |                                 |
| STREET ADDRESS | 1360 W 53RD ST      |                                 |
| CITY-ST-ZIP    | W PALM BCH FL 33407 |                                 |
| 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    |                     |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | 3131 Martin Downs Blvd., #368 |  |
| CITY-ST-ZIP    | Palm City FL 34990            |  |
| TITLE          |                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS | 3131 Martin Downs Blvd., #368 |  |
| CITY-ST-ZIP    | Palm City FL 34990            |  |
| 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:

Marianne Sader, Marianne Sader

4/17/00 (66) 283-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #