

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90051 046 ***158.75

DOCUMENT # M97158
 1. Entity Name
HEAVY DUTY HYDRO-BLASTING, INC.

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2201 SE Indian St. Suite, Apt. #, etc. H-3 City & State Stuart FL Zip 34997 Country USA	3. Mailing Address 3131 Martin Downs Blvd. Suite, Apt. #, etc. #368 City & State Palm City, FL Zip 34990 Country USA
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4. FEI Number 65-0075822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 (Box Number, Not Applicable)
2201 SE Indian St. H-3
Stuart FL 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 DATE: 4/17/00
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DT WATSON, WILLIAM G. 11 SAUNDERS ROAD SUDBURY MA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SADER, ALI 1360 W 53RD ST W PALM BCH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMSV SADER, MARIANNE 1360 W 53RD ST W PALM BCH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3131 Martin Downs Blvd, #368 Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3131 Martin Downs Blvd, #368 Palm City FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: 4/17/00 (661) 283-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #