

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90157 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000103039

1. Entity Name
**HYDROGEOLOGIC ASSESSMENT AND REMEDIATION
SERVICES, INC.**



Principal Place of Business

**662 NW 52ND TERR
GAINESVILLE, FL 32653**

Mailing Address

**662 NW 52ND TERR
GAINESVILLE, FL 32653**

2. Principal Place of Business

6622 NW 52nd Terr

Suite, Apt. #, etc.

3. Mailing Address

6622 NW 52nd Terr

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32653

Country

USA

City & State

Gainesville, FL

Zip

32653

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3679859

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIRSCH, JAMES D
662 NW 52ND TERR
GAINESVILLE, FL 32653**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligation of, registered agent.

SIGNATURE

James D. Hirsch

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4/28/03

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HIRSCH, JAMES D
6622 N.W. 52ND TERR.
GAINESVILLE, FL 32653**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Hirsch, James D.
6622 N.W. 52nd Terr
Gainesville, FL 32653**

☒ Change ☐ Addition

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D. Hirsch

4/28/03

DATE

(352) 371-6972

Daytime Phone #

CR20034 (10/02)