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

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91772 047 \*\*\*150.00

DOCUMENT #	P01000043297
1. Entity Name	

NORTH FLORIDA HYDRAULICS, INC.



Principal Place of     139-G LEVY F	Business		DO NOT WRITE IN THIS SPACE			11040875		
Suite, Apt. #, etc.	ROAD	3. Mailing Address 139-G LEVY ROAD Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	:		
City & State	· · · · · · · · · · · · · · · · · · ·		4 6	4. FEI Number Applied For				
ATLANTIC BE		ATLANTIC BEACH, FL			59-3716259	Not Applicable		
Ζiρ <b>32233</b>	USA	Zip <b>32233</b>	USA	Country USA		5. Certificate of Status Desired S8.75 Additional Fee Required		
				Name - DA		ame and Address of Current Registered Agen	t	
DO NOT WRITE IN THIS SPACE			Name DAVID W McDONALD  Street Address (P.O. Box Number is Not Acceptable)					
			Sileer Address (P.O. Box Normoer is Not Acceptable)					
		]_			ABLO CIRCLE SOUTH			
				City JACKSONVILLE BEACH FL Zip Code 32250				
January ·	i, typed or period have of registrated agent and 1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00	s title if applicable	(NOTE: Finglishmen	Agunt signature red	යනේ <b>න</b> ිතා ම		\$5.00 May Be	
Ame	nded UBR is \$61.25 ble to Florida Department of S	tate					Added to Fees	
10.	OFFICERS AND DI	RECTORS	777. 5					
NAME DAV	ID W McDONALD		TITLE NAME	İ				
STEW OF SIDE (	AN PABLO CIRCLE SC		3	T ADDRESS ST-ZIP				
MILE ST	CKSONVILLE BEACH	EL 3225U	mu.			. · · · · · · · · · · · · · · · · · · ·		
	RLEY A McDONALD			T ADDRESS				
	SAN PABLO CIRCLE S CKSONVILLE BEA		2250 CHY-	ST-ZIP				
TITLE NAME		•	JULE. NAME					
STREET ADDRESS CITY-\$1-2P			STREET ADDRESS City-St-Zep			DO NOT WRITE		
THE		<u> </u>	TITLE		. ****	IN THIS SPACE		
HAME STEET ADDRESS			- NAME STREET	T ADDRESS	٠	IIA IIIIG OI ACL		
CiTY-SI-ZiP	n		CiTY-5	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE			TITLE NAME		•			
STREET ADDRESS			STREET	T ADDRESS				
CITY-ST-ZIP	Manager and Company and Compan	Parameter and Parameter and Additional Control of the Control of t	CITY-S TITLE	51-74F			<del></del>	
HAME	•		NAME					
STREET ADDRESS CHY+S1-ZIP			STREET CHY-9	FADDRESS SE 289				
indicated on this of the corporation	not the information supplied with the report of suppliemental report is for or the reported or trustee ampoint address, with all other like employen address, with all other like employers.	ue and accurate and vered to axecute this	alify for the even i that my signatu s report as requi	notion stated in ire shall have t ired by Chapte	Section 1 to same la r 607, Plor	119.07(3)(i): Flouria Statutes - L'urthe: certity that laga: effect as a made under dath, that , far air c rida: Statutes; and that my name appears in Bid	t the information officer or director ock 10 or on an	
SIGNATURE	: A SIGNATURE AND TYPED OR PRI	MADIA	DAVID V	N McDO	NALD	904-24	,,	