

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91731 041 ***150.00

DOCUMENT # P01000045724

1. Entity Name

NATIONAL HYDRAULIC DREDGE, INC.

Principal Place of Business

**2971 ESTANCIA BLVD UNIT 419
 CLEARWATER FL 33761**

Mailing Address

**2971 ESTANCIA BLVD UNIT 419
 CLEARWATER FL 33761**

80121009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2971 ESTANCIA BLVD
 Suite, Apt. #, etc.
 UNIT 419
 City & State
 CLEARWATER FL**

3. Mailing Address

**2971 ESTANCIA BLVD
 Suite, Apt. #, etc.
 UNIT 419
 City & State
 CLEARWATER FL**

4. FEI Number

65-1109512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ARTINO, SAMUEL W
 2971 ESTANCIA BLVD UNIT 419
 CLEARWATER FL 33761**

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.

SIGNATURE

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, 2002 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 **DP** ☐ Delete
 NAME **ARTINO, SAMUEL W**
 STREET ADDRESS **2971 ESTANCIA BLVD UNIT 419**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **DV** ☐ Delete
 NAME **ARTINO, PAUL J**
 STREET ADDRESS **2971 ESTANCIA BLVD UNIT 419**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-02 727-542-7813