

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90175 017 ***150.00

DOCUMENT # P02000050232



1. Entity Name
HEAVY DUTY HYDRO-BLASTING, INC.

Principal Place of Business
**3341 SE SLATER STREET
STUART FL 34997**

Mailing Address
**3341 SE SLATER STREET
STUART FL 34997**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAYLORD, MARC R
9307-B SE OLYMPUS STREET
HOBE SOUND FL 33455**

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 obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input type="checkbox"/> Delete	CROCKER, JAMES		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			1305 SE SALERNO ROAD				
			STUART FL 34997				
	D	<input type="checkbox"/> Delete	CROCKER, LYNETTE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
			1304 SE SALERNO ROAD			1305 SE Salerno Rd	
			STUART FL 34997				
	D	<input type="checkbox"/> Delete	HOLDEN, TODD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
			1793 SE WASHINGTON ST.			1623 SE Washington St.	
			STUART FL 34997				
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:

Lynette D. Crocker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

772-223-7393

Daytime Phone #

CR2E034 (10/02)