## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 03, 2001 08:00 AM P32661 DOCUMENT# Entity Name **Secretary of State** HYDROBLASTING, INC. Principal Place of Business Mailing Address PO BOX 526 PO BOX 526 MULBERRY FL MULBERRY FL 33860 33860 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2982938 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY MICHAEL MURPHY MICHAEL 3000 HWY 37 S Street Address (P.O. Box Number is Not Acceptable) 205 E HOOKER ST MULBERRY FL33860 US City Zip Code BARTOW 338305620 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 08/03/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VT TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MIRPHY MICHAEL G MAME NAME 3000 HWY 37 S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILBERRY FL 33860 CITY-ST-ZIP D ☐ Delete TITLE ☐ Change NAME MURPHY, VICTORIA NAME STREET ADDRESS 3000 HWY 37 S STREET ADDRESS CITY-ST-ZIP MULBERRY FL 33860 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition MICHAEL MURPHY NAME STREET ADDRESS 3000 HWY 37 S STREET ADDRESS CITY-ST-ZIP MULBERRY 33860 CITY-ST-ZIP Delete TITLE Change Addition MURPHY, SEAN NAME STREET ADDRESS 3000 HWY 37 S STREET ADDRESS CITY-ST-ZIP MULBERRY 33860 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MURPHY, JIM NAME STREET ADDRESS 3000 HWY 37 S STREET ADDRESS CITY-ST-ZIP MULBERRY 33860 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: \_\_MICHAEL G MURPHY 08/03/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR