

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90352 047 ***158.75

DOCUMENT # **P-32661**

1. Entity Name

Hydro-Blasting Inc.

DO NOT WRITE IN THIS SPACE

658203

2. Principal Place of Business

3000 Hwy 37 South

3. Mailing Address

PO Box 526

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MULBERRY FL

City & State

MULBERRY FL

4. FEI Number

59-298-2938

Applied For

☒ Not Applicable

Zip

33860

Country

USA

Zip

33860

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES G. MURPHY

Street Address (P.O. Box Number is Not Acceptable)

3000 Hwy 37 South

City

MULBERRY

FL

Zip Code

33860

**DO NOT WRITE
IN THIS SPACE**

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

James G. Murphy

JAMES G MURPHY

4/24/02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT - C.O.O.

NAME

JAMES G. MURPHY

STREET ADDRESS

3000 Hwy 37 South

CITY - ST - ZIP

MULBERRY FL 33860

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James G. Murphy Pres.

4/24/02 863 425-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x230

CR2E034B (12/01)