

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90003 024 ***150.00

0419932 AV

DOCUMENT # P32991

1. Entity Name

HYDRO AGRI AMMONIA, INC.

Principal Place of Business

**100 N. TAMPA STREET
 STE. 3200
 TAMPA FL 33602
 US**

Mailing Address

**100 N. TAMPA STREET
 STE. #3200
 TAMPA FL 33602
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3040501

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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: PD ☐ Delete
 NAME: CAVAZUTI, EDWARD
 STREET ADDRESS: 100 N. TAMPA ST. STE #3200
 CITY-ST-ZIP: TAMPA FL

TITLE: CDV ☐ Delete
 NAME: COCKMAN, JAMES EDDIE
 STREET ADDRESS: 100 N. TAMPA STREET, STE. #3200
 CITY-ST-ZIP: TAMPA FL

TITLE: ST ☒ Delete
 NAME: BIRKELUND, DAG
 STREET ADDRESS: 100 N TAMPA ST, SUITE 3200
 CITY-ST-ZIP: TAMPA FL 33602

TITLE: D ☒ Delete
 NAME: BIRKELUND, DAG
 STREET ADDRESS: 100 N TAMPA ST, STE 3200
 CITY-ST-ZIP: TAMPA FL 33602

TITLE: D ☐ Delete
 NAME: BAKKEN, TERJE
 STREET ADDRESS: 100 N TAMPA STE 3200
 CITY-ST-ZIP: TAMPA FL 33602

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Director/Treasurer/Secretary ☐ Change ☒ Addition
 NAME: Leesa M. Burns NP
 STREET ADDRESS: 100 N. Tampa St. #3200
 CITY-ST-ZIP: Tampa, FL 33602

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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 CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 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:

Leesa M. Burns

Leesa M. Burns

813-222-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)