## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P92000008386 1. Entity Name HYDRO ROCK COMPANY, INC. 4-24-2001 90301 032 \*\*\*150.00 Principal Place of Business Mailing Address 7742 ALICO RD 7742 ALICO RD FT. MYERS FL 33912 FT. MYERS FL 33912 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0372997 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHEEL, APRIL Street Address (P.O. Box Number is Not Acceptable) 7742 ALICO RD FT. MYERS FL 33912 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITI F TITLE SCHEEL, APRIL D NAME NAME STREET ADDRESS STREET ADDRESS 631 ESTERO BLVD. CITY-ST-ZIP CITY-ST-7IP FT. MYERS BEACH FL SVP Change ☐ Addition TITI F ☐ Delete TITLE WAID, EVERETT L. J NAME NAME STREET ADDRESS STREET ADDRESS 631 ESTERO BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. MYERS BEACH FL Change XX Addition VΡ TITLE ☐ Delete NAME KNOWLES, RAY E. STREET ADDRESS STREET ADDRESS 13822 PINE VILLA LANE CITY-ST-7IP CITY-ST-ZIP FORT MYERS, FL 33912 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT( F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted supplemental popular and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an additional method of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the corporation of the receiver or trusted supplemental popular in the province of the corporation of the corpora

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

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01 941-267-5300 Daytime Phone #