

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084030

1. Entity Name
UNITED HYDRO SALES & SERVICES, INC.

Principal Place of Business Mailing Address
11225 ST. JOHNS INDUSTRIAL PKWY 11225 ST. JOHNS INDUSTRIAL PKWY
JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3217761

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

CRAIG BOESDORFER
11225 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE, FL 32246

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, 2000 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 D ST
NAME BLACKWELL, MARK L
STREET ADDRESS 11225 ST. JOHNS INDUSTRIAL PARKWAY
CITY-ST-ZIP JACKSONVILLE, FL 32246

☐ Delete

TITLE D PVP
NAME BOESDORFER, L. CRAIG
STREET ADDRESS 11225 ST. JOHNS INDUSTRIAL PARKWAY
CITY-ST-ZIP JACKSONVILLE, FL 32246

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90024 012 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)