

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056555

1. Entity Name

HYDRA EXPLORATIONS, INCORPORATED

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90117 034 \*\*\*150.00

Principal Place of Business		Mailing Address	
16561 86TH ST NORTH LOXAHATCHEE FL 33470 US		16561 86TH ST NORTH LOXAHATCHEE FL 33470-1721 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	65-0617275	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IVES, KELLAN E  
4500 POINSETTA AVE. A-7  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name	IVES, KELLAN E	
Street Address (P.O. Box Number is Not Acceptable)	16561-86TH ST. N.	
City	LOXAHATCHEE	FL
Zip Code	33470	

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)

4/6/00  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	P	TITLE	P
NAME	IVES, TODD S	NAME	IVES, TODD S
STREET ADDRESS	4500 POINSETTA AVE. A-7	STREET ADDRESS	16561 86TH ST. N.
CITY-ST-ZIP	WEST PALM BEACH FL 33407	CITY-ST-ZIP	LOXAHATCHEE FL 33470-1721
TITLE	VP	TITLE	VP
NAME	IVES, KELLAN E	NAME	IVES, KELLAN E
STREET ADDRESS	4500 POINSETTA AVE. A-7	STREET ADDRESS	16561 86TH ST. N.
CITY-ST-ZIP	WEST PALM BEACH FL 33407	CITY-ST-ZIP	LOXAHATCHEE FL 33470-1721
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00  
Date

(561) 758-6003  
Daytime Phone #

CR2E034 (9/99)