

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90075 001 \*\*\*158.75

**DOCUMENT # P96000018978**

1. Entity Name  
**HYDRO GEO ENVIRONMENTAL RESEARCH, INC.**



Principal Place of Business  
**1243 LITTLE JOHN LN  
DUNEDIN FL 34698  
US**

Mailing Address  
**1243 LITTLE JOHN LN  
DUNEDIN FL 34698  
US**



2. Principal Place of Business  
**1716 NEBRASKA AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1716 NEBRASKA AVE.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**PALM HARBOR FL**

City & State  
**PALM HARBOR, FL**

4. FEI Number **65-0650243**

Applied For  
Not Applicable

Zip  
**34683** Country  
**US**

Zip  
**34683** Country  
**US**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARMAN, MICHAEL  
1243 LITTLE JOHN LN  
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **GARMAN MICHAEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**1716 NEBRASKA AVE.**  
City **PALM HARBOR FL** Zip Code **34683**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Michael Garman*  
Signature, typed or printed name of registered agent and title if applicable.

*MICHAEL GARMAN President + Registered Agent*  
(NOTE: Registered Agent signature required when reinstating)  
DATE **3/9/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDSO**  
NAME **GARMAN, MICHAEL** ☐ Delete  
STREET ADDRESS **1243 LITTLE JOHN LANE**  
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ Change ☐ Addition  
NAME **1716 Nebraska Ave**  
STREET ADDRESS **Palm Harbor, FL 34683**  
CITY-ST-ZIP

TITLE **TDVD**  
NAME **GARMAN, SHERRY** ☐ Delete  
STREET ADDRESS **1243 LITTLE JOHN LANE**  
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ Change ☐ Addition  
NAME **1716 Nebraska Ave**  
STREET ADDRESS **Palm Harbor, FL 34683**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Garman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MICHAEL GARMAN* **3/9/03**

**813 353 9083**  
Daytime Phone #

CR2E034 (10/02)