

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056301

1. Entity Name

HYDROMENTIA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90177 022 ***150.00

00004829



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3233 SW 33RD ROAD SUITE 201
OCALA FL 34474

PO BOX 367
OCALA FL 34478-0367
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0720058

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

HEEKIN, JAMES F JR
215 N EOLA DRIVE
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PALMER, W M JR
STREET ADDRESS 3233 SW 33RD ROAD STE 201
CITY-ST-ZIP Ocala FL 34474

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

TITLE S ☐ Delete
NAME GLANZER, DOROTHY
STREET ADDRESS 3233 SW 33RD ROAD STE 201
CITY-ST-ZIP Ocala FL 34474

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

TITLE TD ☒ Delete
NAME WILKINSON, MICHAEL W
STREET ADDRESS 3300 SW 34TH AVE S 152
CITY-ST-ZIP Ocala FL 34474

TITLE Treasurer/Director ☐ Change ☒ Addition
NAME Ronald A. Adelhelm
STREET ADDRESS 450 East Las Olas Blvd., S900
CITY-ST-ZIP Fort Lauderdale, Florida 33001

TITLE D ☐ Delete
NAME STEWART, ALLEN E
STREET ADDRESS 24149 JOLLY ROGER BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33955

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

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: Dorothy Glanzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00

Date

352-237-6145

Daytime Phone #

CR2E034 (9/99)