DOCUMENT # P97000057767  1. Singly fulling the proof Business   Mailing Address   P. O. BOX 20048  Phinopial Place of Business   Mailing Address   P. O. BOX 20048  110 W. COURTRY CLUB DR. P. O. BOX 20048  2. Principal Place of Business   Mailing Address   P. O. BOX 20048  12. Principal Place of Business   Mailing Address   P. O. BOX 20048  13. Meting Address   P. O. BOX 20048  2. Principal Place of Business   Mailing Address   P. O. BOX 20048  13. Meting Address   P. O. BOX 20048  2. Principal Place of Business   Mailing Address   P. O. BOX 20048  2. Principal Place of Business   Mailing Address   P. O. Box 20048  2. Principal Place of Business   Mailing Address   P. O. Box 20048  2. Principal Place of Business   P. O. Box 20048  2. Principal Place of Business   P. O. Box 20048  2. Principal Place of Business   P. O. Box 40048  2. Principal Place of Business   P. O. Box 40048  2. Principal Place of Business   P. O. Box 40048  3. Meting Address   P. O. Box 400	2002	2 UNI	FORM BUSI	NESS REPO	<b>(</b> )	100 07 200		n am	0440224		
Principal Pace of Business  110 W. COURTRY CLUB DR.  7. P. D. BOX 20082  TAMPA R. 30812  7. Principal Pace of Business  Suite. Apil V. rice.  City & State	DOCUMENT # P97000057767  1. Entity Name						Secretary of State				
10 W. COUNTY CUUB DR. TAMPA FL 33812  2. PUncipal Place of Business  Suite, Apil. #, etc.  Suite, Apil. #, etc.  City & State  City & City & State  City & S	HYDRO-S	SERVICES	COMPANY					01-07-2002 90003	033 ***15	5.00	
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Zip Country Zip Country 59:345991/ Not Applicable   S8.75 Additional   Fee Required	Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN T	IIS SPACE		
Scheduler   Section   Se	City & State City & State							50-2/56U1/			
SCHREUDER, PETER J 13412 N. LINCOLN AVE. TAMPA FL 33618  City  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.  Signarus, part or posted name of registering agent and title a purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signarus, part or posted name of registering agent and title a purpose of changing its registered agent, or both, in the State of Florida.  Signarus, part or posted name of registering agent and title if ageicable  Part May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PV  SCHEDURGE, PETER J.  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33818  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33825  TITLE  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-Z	Zip Country			Zip	try	5 Certificate of Status Desired S8.75 Additional					
SCHREUDER, PETER J 13412 N. LINCOLN AVE. TAMPA FL 33618  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TAMPA FL 33618  CITY-ST-ZP  TAMPA FL 33625  CITY-ST-ZP  Change Addition  MAE  SIRET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  TAMPA FL 33625  CITY-ST-ZP  TAMPA FL 33625  CITY-ST-ZP  Change Addition  TUE  NAME  SIRET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  TAMPA FL 33625	6. Name and Address of Current Registered Agent						7, 1	Name and Address of New Register			
13412 N. LINCOLIN AVE. TAMPA FL 33618    City   FL   Zip Code						Name					
TAMPA FL 33618  City FL Zip Code  City Fl Zip Co		•				Street Ad	dress (P.O. E	Box Number is Not Acceptable)			_
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.    Signature   Signature, typend or gircled name of registered agent and left a flacificable   INOTE Registered Agent signature required white reinstance)   DATE			IVE.								
### STREET ADDRESS CITY-ST-ZIP    TITLE	TAMPA FL 33618										
SIGNATURE   Signature, typed or printed name of registered agent and telle if applicable   (NOTE: Registered Agent signature required when revealating)   DATE						City			Zip (	Code	
SIGNATURE   Signature, typed or printed name of registered agent and telle if applicable   (NOTE: Registered Agent signature required when revealating)   DATE	8. The above	named entity	submits this statement for	the purpose of changing its r	enistere	ed office or a	registered ac	nent or both in the State of Florida			$\dashv$
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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.

☐ Change

Addition

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP