2002 Uniform Business Report (UBR)

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SIGNATIONE AND TYPED OR PRINTED NAME OF

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P98000023258 1. Entity Name 04-17-2002 90045 035 ***150.00 HG BACKFLOW INC. Principal Place of Business Mailing Address 2119 W. COLUMBUS DR. 2119 W. COLUMBUS DR. TAMPA FL 33607 **TAMPA FL 33607** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3501982 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, HENRY JR Street Address (P.O. Box Number is Not Acceptable) 2119 W. COLUMBUS DR. **TAMPA FL 33607** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GONZALEZ, HENRY JR STREET ADDRESS 2119 W. COLUMBUS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME GONZALEZ, MARK H STREET ADDRESS STREET ADDRESS 2119 W. COLUMBUS DR. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete 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 repowrs 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if