

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91311 049 ***150.00

0117449 AV

DOCUMENT # P98000045731

1. Entity Name
HYDRO AGE, INC.

Principal Place of Business

**5695 HYDRO AGE LANE
COCOA FL 32926**

Mailing Address

**5695 HYDRO AGE LANE
COCOA FL 32926**



2. Principal Place of Business

800 S. Harbor City Blvd
Suite, Apt. #, etc.

3. Mailing Address

800 S. Harbor City Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
59-3510094

Applied For
☐ Not Applicable

Zip Country
32901 USA

Zip Country
32901 USA

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

6. Name and Address of Current Registered Agent

**RATHMANN, JAMES T
6855 S TROPICAL TRAIL
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
NAME **D RATHMANN, JAMES T**
STREET ADDRESS **6855 S TROPICAL TRAIL**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☒ Delete
NAME **D CALLIGARO, LEO**
STREET ADDRESS **792 BRITTANT AVE., APT A**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 321-723-3611

CR2E034 (9/01)