

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052735

1. Entity Name

HYDROCARBON SPILLS SOLUTION, CORP.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90004 044 ***150.00

Principal Place of Business

Mailing Address

3554 COCO LAKE DRIVE
COCONUT CREEK FL 33073

3554 COCO LAKE DRIVE
COCONUT CREEK FL 33073-4145

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0843038

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHARKEY, LISA
3554 COCO LAKE DRIVE
COCONUT CREEK FL 33073

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 reinstalling)

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	DPT	<input type="checkbox"/> Delete
NAME	SHARKEY, LISA	
STREET ADDRESS	3554 COCO LAKE DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SHARKEY, DENIS R	
STREET ADDRESS	3554 COCO LAKE DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHARKEY, VIVIANO O	
STREET ADDRESS	3554 COCO LAKE DR	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]

DENIS SHARKEY

Date

Daytime Phone #

1/20/00 954-346-7288

CR2E034 (9/99)