

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069307

1. Entity Name

HYDROSPACE ENGINEERING, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90079 004 ***150.00

Principal Place of Business

Mailing Address

741 FLOYD STREET
GREEN COVE SPRINGS FL 32043

741 FLOYD STREET
GREEN COVE SPRINGS FL 32043-9353

2. Principal Place of Business

6920 CYPRESS LAKE CT

Suite, Apt. #, etc.

3. Mailing Address

6920 CYPRESS LAKE CT

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

4. FEI Number

59-3533063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

C. N. MOSER

Street Address (P.O. Box Number is Not Acceptable)

3304 S.W. 4TH CT

City

GAINESVILLE

FL

Zip Code

32601

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

C. N. MOSER

C. N. Moser

4-10-00

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

TITLE PD
NAME MELTON, AUBREY E III
STREET ADDRESS 741 FLOYD STREET
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ Delete

TITLE VD
NAME FOWLER, PHILIP A PhD.
STREET ADDRESS 741 FLOYD STREET
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ Delete

TITLE STD
NAME MELTON, BECKI D
STREET ADDRESS 741 FLOYD STREET
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

6920 CYPRESS LAKE CT
ST AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

304 3RD ST.
MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

6920 CYPRESS LAKE CT
ST AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

AUBREY E. MELTON III

4/12/00 904.794.7896

Date

Daytime Phone #

CR2E034 (9/99)