FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90200 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000530

1. Entity Name
HYDROSPHERE RESEARCH ENVIRONMENTAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

40069836

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2. Principal Place of Business		3. Mailing Address	
11842 RESEARCH CIRCLE		11842 RESEARCH CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: ALACHUA, FL		City & State: ALACHUA, FL	
Zip: 32615	Country: USA	Zip: 32615	Country: USA

4. FEI Number: 59-3547992 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: NGA N. WATTS
Street Address (P.O. Box Number is Not Acceptable): 11842 RESEARCH CIRCLE
City: ALACHUA **FL** Zip Code: 32615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/16/07
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	NGA N. WATTS	NAME	
STREET ADDRESS	11842 RESEARCH CIRCLE	STREET ADDRESS	
CITY ST ZIP	ALACHUA, FL 32615	CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] NGA N. WATTS 4/16/07 352-281-2716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #