

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073140

1. Entity Name

POWER HOSE & HYDRAULICS, INC.

Principal Place of Business

P.O. BOX 30766
W. PALM BEACH FL 33420

Mailing Address

P.O. BOX 30766
W. PALM BEACH FL 33420-0766

2. Principal Place of Business

5 HARVARD CIRCLE
SUITE, APT. #, etc.
105A
W. PALM BEACH FL

3. Mailing Address

5 HARVARD CIRCLE
SUITE, APT. #, etc.
105A
W. PALM BEACH FL

City & State

W. PALM BEACH FL
Zip 33409 Country USA

City & State

W. PALM BEACH FL
Zip 33409 Country USA

4. FEI Number

☒ Applied For
☐ Not Applicable

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

MAGES, ANTHONY G
5 HARVARD CIR., STE. 105
W. PALM BEACH FL 33409

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, 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	D	<input type="checkbox"/> Delete
NAME	MAGES, ANTHONY G	
STREET ADDRESS	5 HARVARD CIR., STE. 105	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (R) 625-3738
Date Daytime Phone #

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90173 001 ****15.00

05-11-2000 90173 002 ***135.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)