2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

S09386 DOCUMENT

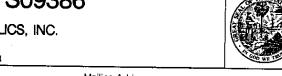
TALLAHASSEE FL 32303

Suite, Apt. #, etc.

2. Principal Place of Business



TALLAHASSEE HYDRAULICS, INC. Principal Place of Business Mailing Address 1630 OLD BAINBRIDGE RD. 1630 OLD BAINBRIDGE RD.



TALLAHASSEE FL 32303

3. Mailing Address

Suite, Apt. #, etc.



_	☐ CHECK HERE IF	MAKING	i CHANGI	ΞS
	4. FEI Number 59-3032937			Applied For Not Applicabl
	Certificate of Status Desired Name and Address of New Reg		\$8.75 A Fee Requ	Additional ired
	7. Name and Address of New Reg	JISTERED /	Agent	
F	P.O. Box Number is Not Acceptable)			
			1 3 0	
E	ed agent, or both, in the State of Florid	ia. I am f	Zip Co	
١	when reinstating)	DATE		<u> </u>
	Election Campaign Finant Trust Fund Contribution.	cing	\$5. Add	00 May Be ed to Fees
	ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 11
			☐ Change	☐ Addition
-		-1	☐ Change	☐ Addition
			Change	Addition
			☐ Change	☐ Addition

FILED

Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90183 024 ***150.00

City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name LEVINE, MARK'S. Street Address (245 E. VIRGINIA ST. TALLAHASSEE FL 32301 City 8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of regis SIGNATURE d title if applicable (NOTE: Registered Agent signature required @ FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE GORMAN, RHETT, F NAME NAME STREET ADDRESS 3042 FAIRBANKS FERRY ROAD STREET ADDRESS CITY-ST-ZIP HAVANA FL 32333 CITY-ST-ZIP TIT! F ☐ Delete TITLE NAME MALONE, MICHEAL C NAME STREET ADDRESS 4272 CARNWATH DRIVE STREET ADDRESS CITY-ST-7IP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE 🔀 Delete TITLE MALONE, PAT'N NAME NAME STREET ADDRESS 4272 CARNIVATH DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: #