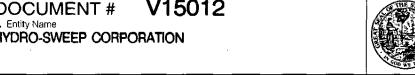
## FILED

Apr 14, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORA UNIFORM BUSINESS REPORT	
DOCUMENT # V15012  1. Entity Name HYDRO-SWEEP CORPORATION	



04-14-2003 90375 028 \*\*\*150.00 Principal Place of Business Mailing Address 33 N.W. 2ND STREET P.O. DRAWER E DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33443 HS 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For eld Bea 65-0321193 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROEGIERS, THOMAS A. Street Address (P.O. Box Number is Not Acceptable) 201 N FEDERAL HWY DEERFIELD BEACH FL 33441 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE \_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change XX Addition XX Delete TITLE TITLE President LUSK, THOMAS NAME NAME Donald Londeree 201 N. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS 201 N. Federal Hwy, Deerfield Beach, FL **DEERFIELD BCH FL 33441** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BOUDET, MARC NAME NAME 201 N. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL 33441 CITY-ST-ZIP Delete \_\_\_ Change \_\_\_ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME 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. Thereby 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 of trustee employers to execute the report of sequences are given by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Donald Londeree 04-07:2003

☐ Change

☐ Addition