

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0030847

DOCUMENT # M96000000027

1. Entity Name
WATER TECHNOLOGIES AND SYSTEMS LIMITED COMPANY



FILED
03 APR 18 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
14 S. SWINTON AVE
DELRAY BEACH FL 33444

Mailing Address
14 S. SWINTON AVE
DELRAY BEACH FL 33444

2. Principal Place of Business
255 NE 6TH AVE

3. Mailing Address
255 NE 6TH AVE

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

Zip
33403

Country
USA

4/18 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0626743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITHER, ROBERT M JR.
14 S. SWINTON AVE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent
Name
WINTZER, WILLIAM R.
Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE
City
DELRAY BEACH FL Zip Code
33403

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 William R. Wintzer WILLIAM R. WINTZER MGR 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREAKLEY, EDWIN M 14 S. SWINTON AVE DELRAY BEACH FL 33444	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITHER, ROBERT M JR. 14 S. SWINTON AVE DELRAY BEACH FL 33444	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODYEAR, KIMBERLY A. 125 LA POSTA RD TAS, NM 87571	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAN MARTIN, MARTA 255 NE 6TH AVE DELRAY BEACH, FL 33403	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINTZER, WILLIAM R. 255 NE 6TH AVE DELRAY BEACH, FL 33403	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900016238199 04/18/03--01021--009 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM R. WINTZER 4/14/03 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)