

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91290 016 ***150.00

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1. Entity Name
ADVANCED WASTEWATER TREATMENT SYSTEMS OF VIRGINIA, INC.



Principal Place of Business
P.O. BOX 194
ROANOKE VA 24002

Mailing Address
P.O. BOX 194
ROANOKE VA 24002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0994232**

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

SANDS, J. KEITH M.
6821 SOUTHPOINT DRIVE, NORTH, SUITE 228
JACKSONVILLE FL 32216

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
TRANE, G H ☐ Delete
5944 RICHARD STREET
JACKSONVILLE FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TRANE, G H ☒ Change ☐ Addition
6481 RIVER POINT DRIVE
GREEN COVE SPRINGS FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SANDS, J. KEITH M ☐ Delete
6821 SOUTHPOINT DRIVE NORTH, SUITE 228
ROANOKE VA 24002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, S, VP ☒ Change ☐ Addition
SANDS, J. KEITH M.
6821 SOUTHPOINT DRIVE NORTH, SUITE 228
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD ☒ Delete
CHAMBERS, CHARLES E
5944 RICHARD STREET
JACKSONVILLE FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
MCGOWAN, TED
6821 SOUTHPOINT DRIVE NORTH, SUITE 228
JACKSONVILLE, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P ☐ Change ☒ Addition
WATERS, ED
145 TRAVERS CIRCLE
MONETA, VA. 24121

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition
CARGILL, JAY
101 CLEVELAND AVE., SUITE C
MARTINSVILLE, VA. 24222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

J. KEITH M. SANDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 904-279-0004

Date

Daytime Phone #

CR2E034 (10/02)