

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90104 040 ***150.00

DOCUMENT # F95000005326

1. Entity Name
AQUATREAT, INC.

Principal Place of Business C. BOX 789 LOGANVILLE GA 30052	Mailing Address P.O. BOX 789 LOGANVILLE GA 30052-0789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business LOGANVILLE, GEORGIA Suite, Apt. #, etc. 120 CAMP ST. SUITE B City & State LOGANVILLE, GA. Zip 30052	3. Mailing Address P.O. Box 789 Suite, Apt. #, etc. City & State LOGANVILLE, GA. Zip 30052 Country USA
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4. FEI Number 58-1504950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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 *John D. Mayfield* **JOHN D. MAYFIELD, PRESIDENT 4/10/00**
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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CP MAYFIELD, JOHN D		STREET ADDRESS	120 CAMP ST. SUITE B	
CITY-ST-ZIP	134 CAMP ST. LOGANVILLE GA 30052		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CVS RUPPERT, JAMES E		STREET ADDRESS	120 CAMP ST. SUITE B	
CITY-ST-ZIP	134 CAMP ST. LOGANVILLE GA 30052		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *John D. Mayfield* **President** **4/10/00** **770-466-1629**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
X 104

CR2E034 (9/99)