

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H90526

1. Entity Name

ADVANCED SEPARATION TECHNOLOGIES INCORPORATED

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90043 049 ***150.00

Principal Place of Business

Mailing Address

5315 GREAT OAK DRIVE
LAKELAND FL 33801-3180
US

P.O. BOX 717
PITTSBURG PA 15230-0717
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2638277

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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	VP	<input checked="" type="checkbox"/> Delete
NAME	RILEY, RONALD J	
STREET ADDRESS	5315 GREAT OAK DRIVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSSITER, GORDON J	
STREET ADDRESS	5315 GREAT OAK DRIVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	FISCHEFFE, JOSEPH A	
STREET ADDRESS	1524 ASHBURY LANE	
CITY-ST-ZIP	POTTSBURGH PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAC CRUM, JOHN M	
STREET ADDRESS	272 BABCOCK BLVD	
CITY-ST-ZIP	GIBSONIA PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James A. Cederna	
STREET ADDRESS	122 Gate house Drive	
CITY-ST-ZIP	moon Twp, PA 15108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Joseph A. Fischette 4/27/00 (412) 787-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)