FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91433 037 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #M02000001017

1. Entity Name
UNITED WASTEWATER RECOVERY CENTER, LLC

Principal Place of Business
223 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32824

Mailing Address
223 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32824

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 223 Central Fl. Pkwy
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32824 Country: USA

3. Mailing Address: 223 Central Fl. Pkwy.
Suite, Apt. #, etc.
City & State: Orlando, FL
Zip: 32824 Country: USA

4. FEI Number: 03-0408883 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	UNITED WASTEWATER MANAGEMENT OF N AMERICA	
STREET ADDRESS	223 CENTRAL FLORIDA PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32824	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

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: Susie Payne Susie Payne April 29, 2003 770/333-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #