

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000833

1. Entity Name

WASTE ENERGY TECHNOLOGY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 26 PM 12:43

Principal Place of Business

11 TUPELO AVENUE, S.E.
FORT WALTON BEACH FL 32548

Mailing Address

11 TUPELO AVENUE, S.E.
FORT WALTON BEACH FL 32548

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

59-3571954

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR RODGERS, MICHAEL W
11 TUPELO AVENUE, S.E.
FORT WALTON BEACH FL 32548 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR GETTING, JAMES A
2568 PALM SHORES DRIVE
SHALIMAR FL 32579 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR MITCHELL, JAMES D
1105 NORTH MARKET STREET, SUITE 1300
WILMINGTON DE 19899 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR FIELDS, WILLIAM F
1105 NORTH MARKET STREET, SUITE 1300
WILMINGTON DE 19899 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
6000003961656--4
-04/06/01--01008--017
*****55.00 *****55.00

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

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

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/01 (850) 243-0033

Date

Daytime Phone #

0004120 AF

CR2E083 (11/00)