

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

## DOCUMENT #

1. Entity Name GULF ATLANTIC WATER TREATMENT, INC.  
PO 10000 33081

FILED

03 JUN -4 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

## 2. Principal Place of Business

180 W. WALKER DR.

## 3. Mailing Address

PO Box 1630

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City & State

KEYSTONE HTS, FL

## City & State

KEYSTONE HTS, FL

## 4. FEI Number

59-3707369

## Applied For

Not Applicable

## Zip

32656

## Country

USA

## Zip

32656

## Country

USA

## 5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

## 7. Name and Address of Current Registered Agent

Name WALTER E. HYAMS

Street Address (P.O. Box Number is Not Acceptable)

7742 SR 100

## City

KEYSTONE HTS.

## FL

## Zip Code

32656

**DO NOT WRITE  
IN THIS SPACE**

## 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 WALTER E. HYAMS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

6-1-03

## 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☒

January 1 - May 1 Fee is \$450.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PST  
NAME WALTER E. HYAMS  
STREET ADDRESS 7742 SR 100  
CITY-ST-ZIP KEYSTONE HTS, FL 32656

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800020790048  
06/11/03--01083--006 \*\*308.75

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**DO NOT WRITE  
IN THIS SPACE**

## 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 on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER E. HYAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-473-5544

CR2E034B (12/01)



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DEPENDABLE SYSTEMS AND SERVICES...COAST TO COAST

June 1, 2003

Chiefland  
352-493-7766

Gainesville  
352-377-7427

Lake City  
386-754-0042

Lake Region  
352-473-5544

Orange Park  
904-269-6066

Palatka  
386-328-9997

St. Augustine  
386-810-5522

Mr. Tyrone Scott  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Ref. Number: P01000033081; Letter Number: 903A00032117

Dear Tyrone:

Enclosed is the completed form to reinstate Gulf Atlantic Water Treatment, Inc. The address at 180 W. Walker is the physical address of the company; however, the mail is only delivered to the P. O. Box 1630. When filing the appropriate papers for the corporation, the attorney indicated 180 W. Walker for all addresses and this was mistake that resulted in the corporation not receiving your correspondence.

If you need anything further, please do not hesitate to call me.

Sincerely,

  
Walter E. Hyams  
President

Enclosures