

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056001

1. Entity Name

AM-TECH SCIENTIFIC WATERWORKS, INC.

**FILED**  
Jun 16, 2002 8:00 am  
Secretary of State

05-10-2002 90008 009 \*\*\*150.00

0441212 AV

Principal Place of Business

3707 GREENERY CT. STE 207  
TAMPA FL 33618

Mailing Address

PO BOX 273903  
TAMPA FL 33688-3903

2. Principal Place of Business

3707 GREENERY

3. Mailing Address

PO BOX 273903

Suite, Apt. #, etc.

# 207

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33618

Country

HILLSBOROUGH

Zip

33688

Country

HILLSBOROUGH

4. FEI Number

82-0547750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARFORD, MICHAEL

3707 GREENERY CT, STE 207  
TAMPA FL 33618

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

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, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DPT  
HARFORD, MICHAEL  
3707 GREENERY CT, STE 207  
TAMPA FL 33618

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVS  
HARFORD, AIDEZ  
3707 GREENERY CT, STE 207  
TAMPA FL 33618

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

MICHAEL HARFORD

23 APRIL 2002 813 9085644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)