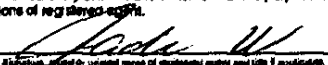


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91437 023 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80113078

DOCUMENT # P02000018087		
1. Entity Name ADVANCED WATER TECHNOLOGIES, INC.		
Principal Place of Business 80 SOUTHWEST 31ST LANE OKEECHOBEE, FL 34974		Mailing Address 80 SOUTHWEST 31ST LANE OKEECHOBEE, FL 34974
2. Principal Place of Business 80 SE 31 Lane Suite, Apt. #, etc.	3. Mailing Address 80 SE 31 Lane Suite, Apt. #, etc.	
City & State Okeechobee FL Zip 34974	City & State Okeechobee FL Zip 34974	
4. FEI Number 02-0552675		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 4-24-03 SIGNATURE: Registered Agent's signature required when registering. (NOTE: Registered Agent's signature required when registering.)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD CONNER, JADE 80 SOUTHWEST 31ST LANE OKEECHOBEE, FL 34974 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SAME 80 SE 31 Lane SAME ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. 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 included 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 10 or Block 11 if changed, or on an attachment with address, with all other lines empowered.		
SIGNATURE:  DATE 4-24-03 8033571748 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		