

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001089

1. Entity Name

Reclaimed Water Management Systems, Inc.

Principal Place of Business

3404 Latania Dr. Apt. 314
Tampa, Florida 33617-4749

Mailing Address

P.O. Box 270938
Tampa, Florida 33688

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

69-3722573

Appl

Not A

5. Certificate of Status Desired ☐\$8.75 Addit
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Hewlett, Robert F.

3404 Latania Drive Apt. 314

Tampa, Florida 33688-4749

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00

Added to

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Hewlett, Robert F.
3404 Latania Drive #314
Tampa, Florida 33618 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Hewlett, Joan F.
3404 Latania Drive #314
Tampa, Florida 33618 ☐ DeleteTITLE
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☐ Change

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 Block 12, or on an attachment with an address, with all other like empowered.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
CORPORATION REINSTATEMENT			
DOCUMENT # <u>993000001089</u>			
1. Corporation Name Reclaimed Water Management Co., Inc.			
2. Principal Office Address 3404 Latania Drive Suite, Apt. #, etc. Apt 314 City & State Tampa, Florida Zip 33618 Country United States		3. Mailing Office Address P.O. Box 270938 Suite, Apt. #, etc. City & State Tampa, Florida Zip 33688 Country United States	
		4. Date Incorporated or Qualified To Do Business in Florida <u>01-07-93</u>	
		5. FEI Number <u>59-3722573</u>	
		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee req for a Certificate of Sta	
7. Name and Address of Current Registered Agent			
Name <u>Robert F. Hewlett</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3404 Latania Drive</u>			
Suite, Apt. #, Etc. <u>Apt. 314</u>			
City <u>Tampa</u>		State FL	Zip Code <u>33618</u>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent _____		Date _____	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert F. Hewlett	3404 Latania Drive	Tampa, Florida 33618
S	Joan F. Hewlett	3404 Latania Drive	Tampa, Florida 33618
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 16, 2001

RECLAIMED WATER MANAGEMENT COMPANY, INC.
3404 LATANIA DR
APT 314
TAMPA, FL 33618-4749

SUBJECT: RECLAIMED WATER MANAGEMENT COMPANY, INC.
Ref. Number: P93000001089

We have received your document for RECLAIMED WATER MANAGEMENT COMPANY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams
Document Specialist

Letter Number: 101A00038013

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ROBERT F. HEWLETT 10-86
JOAN HEWLETT
P.O. BOX 270953
TAMPA, FL 33688

Date 6-13-01 63-27/631-FL

Pay to the order of FLA DEPT. OF STATE \$150.00

One Hundred Fifty Dollars

Bank of America Bank of America Advantage

ACH R/T 063100277

For: Reclaimed Water Man. R.F. Hewlett

1:063100277: 002710101431 0628