

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0117026 AV

DOCUMENT # **P95000062329**

1. Entity Name  
**ADVANCED WATER SYSTEMS OF PORT ST. LUCIE INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 10 AM 8:00

Principal Place of Business  
**867 SW MCCOY AVE  
PORT SAINT LUCIE FL 34953  
US**

Mailing Address  
**867 SW MCCOY AVE  
PORT SAINT LUCIE FL 34953  
US**



05/31/03 90045 048 \$150.00  
☐ CHECK HERE IF MAKING CHANGES **MRS**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0605387**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASHKOW, GREGORY  
867 SW MCCOY AVENUE  
PORT ST. LUCIE FL 34983**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPTV  
PASHKOW, GREGORY  
867 SW MCCOY AVENUE  
PORT ST. LUCIE FL 34983** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PASHKOW, GREGORY  
867 SW MCCOY AVENUE  
PORT ST. LUCIE FL 34983** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400022931614  
09/10/03--01064--004 \*\*400.00** ☐ Change ☐ Addition

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☐ 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/25/03 (772) 878-4900**  
Date Daytime Phone #

CR2E034 (4/03)