

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTV PASHKOW, GREGORY 867 SW MCCOY AVENUE PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASHKOW, GREGORY 867 SW MCCOY AVENUE PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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09/10/03--01064--004 **400.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (4/03)