

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90383 015 ***158.75

DOCUMENT # P96000083856

1. Entity Name

ADVANCED WATER TECHNIQUES INC.

Principal Place of Business

**203 SYMPHONY PL
 DAVENPORT FL 33837**

**540 McDONALD AVE.
 AUBURNDALE, FL 33823**

Mailing Address

**203 SYMPHONY PL
 DAVENPORT FL 33837**

**540 McDONALD
 AVE.
 AUBURNDALE
 FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3415286

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TRABEL, GAIL L
 203 SYMPHONY PL
 DAVENPORT FL 33837**

7. Name and Address of New Registered Agent

Name **GERALD TRABEL**
 Street Address (P.O. Box Number is Not Acceptable)
540 McDONALD AVE
 City **AUBURNDALE** FL Zip Code **33823**

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 *Gerald Trabel*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-8-2002
 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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **TRABEL, GAIL L**
 STREET ADDRESS **203 SYMPHONY PL**
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **GERALD TRABEL**
 STREET ADDRESS **540 McDONALD AVE**
 CITY-ST-ZIP **AUBURNDALE, FL 33823**

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

TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald Trabel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-2002

Date

863 968-0574

Daytime Phone #

CR2E034 (9/01)