

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048665

1. Corporation Name

CONTROLLED SEPARATION TECHNOLOGIES, INC.

Principal Place of Business

2033 EAST EDGEWOOD DRIVE
SUITE 2
LAKELAND FL 33803

Mailing Address

2033 EAST EDGEWOOD DRIVE
SUITE 2
LAKELAND FL 33803

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90012 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

59-3450876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 5925 IMPERIAL PKWY, STE. 218

26 5925 IMPERIAL PKWY STE 218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. 218

27 STE. 218

City & State

City & State

23 Mulberry, Florida

28 Mulberry, Florida

Zip

Zip

Country

Country

24 33860

25 POLK

29 33860

30 POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOODY, STEVEN R
2033 EAST EDGEWOOD DRIVE
SUITE 2
LAKELAND FL 33803

81 Name

MOODY, STEVEN R.

82 Street Address (P.O. Box Number is Not Acceptable)

5925 IMPERIAL PKWY, STE. 218

83

84 City

MULBERRY

FL

85 Zip Code

33860

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MOODY, STEVEN R
STREET ADDRESS 2033 EAST EDGEWOOD DRIVE, SUITE 2
CITY-ST-ZIP LAKELAND FL 33803

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

5925 IMPERIAL PKWY STE. 218
MULBERRY, FL 33860

TITLE D ☐ DELETE

NAME MOODY, JAMES M
STREET ADDRESS 2033 EAST EDGEWOOD DRIVE, SUITE 2
CITY-ST-ZIP LAKELAND FL 33803

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD ☐ DELETE

NAME JOHNSON, MALLORY L
STREET ADDRESS 2033 EAST EDGEWOOD DRIVE, SUITE 2
CITY-ST-ZIP LAKELAND FL 33803

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME MARGIOTTI, VINCENT J
STREET ADDRESS 2033 EAST EDGEWOOD DRIVE, SUITE 2
CITY-ST-ZIP LAKELAND FL 33803

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VT ☐ DELETE

NAME MOODY, JAMES M II
STREET ADDRESS 2033 EAST EDGEWOOD DRIVE, SUITE 2
CITY-ST-ZIP LAKELAND FL 33803

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P ☐ DELETE

NAME MARGIOTTI, VINCENT J JR.
STREET ADDRESS 2033 EAST EDGEWOOD DRIVE, SUITE 2
CITY-ST-ZIP LAKELAND FL 33803

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

1/5/99

941-648-0818

CR2E034 (11/98)