

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010229

1. Entity Name

PRETREATMENT & PROCESS, INC.

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90026 025 \*\*\*150.00

Principal Place of Business

Mailing Address

~~503 RANA LANE~~  
NICEVILLE FL 32578

~~503 RANA LANE~~  
NICEVILLE FL 33070-2145

2. Principal Place of Business

3. Mailing Address

89401 Old Hwy 1  
Plantation Key

89401 Old Hwy 1  
Plantation Key

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAVERNIER, FL

City & State  
TAVERNIER, FL

Zip

Zip

33070

33070

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3491222

Applied For

Not Applicable

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

~~MOORE, BERT~~  
1150 JOHN SIMS PKWY  
NICEVILLE FL 32578

Name

DAVID A. OWEN

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

1221 Airport Road

Suite 208

City

Destin

FL

Zip Code

32541

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

(NOTE: Registered Agent signature required when reinstating)

3/03/00  
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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME ~~GRUGS, BRAD~~  
STREET ADDRESS ~~503 RANA LANE~~  
CITY-ST-ZIP ~~NICEVILLE FL 32578~~

TITLE ☐ Change ☒ Addition  
NAME A/D/S  
STREET ADDRESS BRAD GRUGS  
CITY-ST-ZIP 89401 Old Hwy 1, Plantation Key  
TAVERNIER, FL 33070

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-00 305 852 0360  
Date Daytime Phone #