

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90026 025 ***150.00

DOCUMENT # P98000010229

1. Entity Name

PRETREATMENT & PROCESS, INC.

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

City & State

TAVERNIER, FL

TAVERNIER, FL

Zip

Country

Zip

Country

33070

33070



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)

DATE: 3/03/00

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: ~~GRUSS, BRAD~~
 STREET ADDRESS: ~~503 RANA LANE~~
 CITY-ST-ZIP: ~~NICEVILLE FL 32578~~

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
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 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

DATE: 03-05-00 305 852 0360
 DATE Daytime Phone #