

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-18-2002 90040 018 ***150.00

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DOCUMENT # P98000055231

1. Entity Name

S.A.S. WATER TREATMENT, INC.

Principal Place of Business

**3727 SURFSIDE BOULEVARD
 CAPE CORAL FL 33914**

Mailing Address

**3727 SURFSIDE BOULEVARD
 CAPE CORAL FL 33914**

2. Principal Place of Business

1809 S.W. 12th Ter

Suite, Apt. #, etc.

3. Mailing Address

1809 S.W. 12th Ter

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

65-0851575

Applied For

Not Applicable

Zip

33991

Country

LEE

Zip

33991

Country

LEE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

STORATH, SCOTT

**3727 SURFSIDE BOULEVARD
 CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name **Frank Brudi**

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

1809 SW 12th Ter

Cape Coral FL

City

FL

33991

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.

SIGNATURE

[Signature] (PRESIDENT)

Scott Storath

3/5/02

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

(NOTE: Registered Agent signature required when reinstating)

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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STORATH, SCOTT	
STREET ADDRESS	3727 SURFSIDE BOULEVARD	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRUDI, FRANK	
STREET ADDRESS	1809 SW 12th Terr.	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **Frank Brudi**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

941-549-0208
 Daytime Phone #

CR2E034 (9/01)