

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054808

1. Entity Name

ADVANCED WASTEWATER TREATMENT SYSTEMS, INC.

Principal Place of Business

1301 RIVERPLACE BLVD. STE. 2014
JACKSONVILLE FL 32207

Mailing Address

1301 RIVERPLACE BLVD. STE. 2014
JACKSONVILLE FL 32207

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

59-3585216

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

BROOKS, THOMAS W III
1301 RIVERPLACE BLVD. STE. 2014
JACKSONVILLE FL 32207

Name

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

City

FL

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, 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Charles E. Chambers 1301 Riverplace Blvd, Suite 2014 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Director Thomas W. Brooks, III 1301 Riverplace Blvd, Suite 2014 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director W.L. Newell 1301 Riverplace Blvd, Suite 2014 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director G.H. Trane 1301 Riverplace Blvd, Suite 2014 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ted McGowan 1301 Riverplace Blvd, Suite 2014 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Thomas W. Brooks, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

05-22-2000 90022 030 ***150.00

09-12-2000 90150 019 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

attachment
pg 9 00005 4808
A0077082

BROOKS & COMPANY, CPA's, P.A.

Certified Public Accountants

1301 RIVERPLACE BOULEVARD, SUITE 2014
JACKSONVILLE, FLORIDA 32207

904/398-6880
FAX 904/398-7445

THOMAS W. BROOKS, III, C.P.A.
STEPHEN M. BROOKS, C.P.A.

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

September 11, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

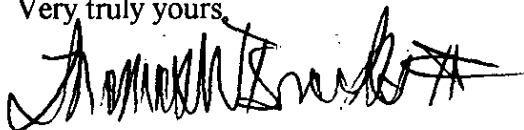
Re: Advanced Wastewater Treatment Systems, Inc. (FEI#: 59-3585216)

Dear Sirs:

Enclosed please find the 2000 Uniform Business Report (UBR) for Advanced Wastewater Treatment Systems, Inc. Also enclosed is the corporation's check for \$550.00 in payment of the annual fee.

Before May 1, 2000 I filed the original 2000 Uniform Business Report and remitted a payment of \$150. You returned the report to me indicating that the report was not complete and that I would have to refile. You cashed my check in the amount of \$150 at the time of the original filing. I believe that I should only be remitting \$400 at this time. However, in order to insure that the corporation remains active with the Secretary of State, I have enclosed my check in the amount of \$550. Please review this matter and determine whether or not the corporation is due a refund of \$150.

Very truly yours,



Thomas W. Brooks, III

TWB/sgw
Enclosure