

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90350 013 ***550.00

DOCUMENT # 99000054808

1. Entity Name
ADVANCED WASTEWATER TREATMENT SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5944 RICHARD STREET

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

Zip 32216 **Country** USA

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
59-3585216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name J. KEITH M. SANDS

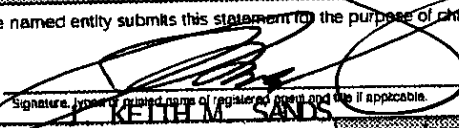
Street Address (P.O. Box Number Is Not Acceptable)
6921 SOUTHPOINT DR. N.

SUITE 228

City JACKSONVILLE **FL** **Zip Code** 32216

**DO NOT WRITE
IN THIS SPACE**

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  **J. KEITH M. SANDS**

(NOTE: Registered Agent signature required when reinstating)

DATE

6/20/2002

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$100.00
After May 1, Fee is \$550.00
Amended UBR is \$51.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE D COB
NAME CHAMBERS, CHARLES E.
STREET ADDRESS 5944 RICHARD STREET
CITY - ST - ZIP JACKSONVILLE, FL 32216

TITLE D P T
NAME TRANE, G.H.
STREET ADDRESS 5944 RICHARD STREET
CITY - ST - ZIP JACKSONVILLE, FL 32216

TITLE DC
NAME MCCOWAN, TED
STREET ADDRESS 5944 RICHARD STREET
CITY - ST - ZIP JACKSONVILLE, FL 32216

TITLE S
NAME J. KEITH M. SANDS
STREET ADDRESS 6821 SOUTHPOINT DR. N. #228
CITY - ST - ZIP JACKSONVILLE, FL 32216

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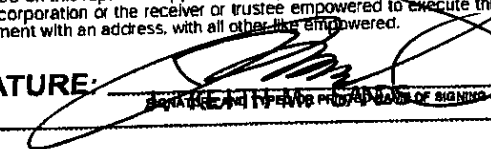
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

J. KEITH M. SANDS, SEC 6/20/02 904-279-0004

Signature of Officer or Director

Date

Daytime Phone #

CR2E034B (12/01)