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

07-01-2002 90350 013 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000054808

1. Entity Name
ADVANCED WASTEWARTER TREATMENT SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5944 RICHARD STREET	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State
Zip: 32216 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

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

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 DATE: 6/20/2002

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	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	D
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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #