

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91290 025 \*\*\*150.00

**DOCUMENT # P99000054808**



**1. Entity Name**  
**ADVANCED WASTEWATER TREATMENT SYSTEMS, INC.**

**Principal Place of Business**  
**5944 RICHARD ST**  
**JACKSONVILLE FL 32216**

**Mailing Address**  
**1301 RIVERPLACE BLVD. STE. 2014**  
**JACKSONVILLE FL 32207**

**11063370**



**2. Principal Place of Business**  
**6821 SOUTHPOINT DR. N.**

**3. Mailing Address**  
**6821 SOUTHPOINT DR. N.**

**Suite, Apt. #, etc.**  
**SUITE 228**

**Suite, Apt. #, etc.**  
**SUITE 228**

**City & State**  
**JACKSONVILLE, FL**

**City & State**  
**JACKSONVILLE, FL**

**4. FEI Number** **59-3585216**

**Applied For**  
**Not Applicable**

**Zip** **32214** **Country** **USA**

**Zip** **32216** **Country** **USA**

**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**

**SANDS, KEITH M**  
**6921 SOUTHPOINT DR N**  
**SUITE 228**  
**JACKSONVILLE FL 32216**

**Name**  
**SANDS, J. KEITH M.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**6821 SOUTHPOINT DR. N.**  
**SUITE 228**  
**City** **JACKSONVILLE** **FL** **Zip Code** **32214**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **J. KEITH M. SANDS** **4/26/03**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>CHAMBERS, CHARLES E</b>	
<b>STREET ADDRESS</b>	<b>1301 RIVERPLACE BLVD STE 2014</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32207</b>	
<b>TITLE</b>	<b>TD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>BROOKS, THOMAS W III</b>	
<b>STREET ADDRESS</b>	<b>1301 RIVERPLACE BLVD STE 2014</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32207</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>NEWELL, W.L</b>	
<b>STREET ADDRESS</b>	<b>1301 RIVERPLACE BLVD SUITE 2014</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32207</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>TRANE, G.H.</b>	
<b>STREET ADDRESS</b>	<b>1301 RIVERPLACE BLVD SUITE 2014</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32207</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>MCGOWAN, TED</b>	
<b>STREET ADDRESS</b>	<b>1301 RIVERPLACE BLVD SUITE 2014</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE FL 32207</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>D, S, VP</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>SANDS, J. KEITH M.</b>	
<b>STREET ADDRESS</b>	<b>6821 SOUTHPOINT DR. N. SUITE 228</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL. 32216</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>ATKINS, AL</b>	
<b>STREET ADDRESS</b>	<b>1657 VINTAGE RIDGE COURT</b>	
<b>CITY-ST-ZIP</b>	<b>TALLAHASSEE, FL. 32312</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>COOPER, WILLIAM</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>D, P, T</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>TRANE, G. H.</b>	
<b>STREET ADDRESS</b>	<b>6481 RIVER POINT DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>GREEN COVE SPRINGS, FL. 32043</b>	
<b>TITLE</b>	<b>D, COB</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>MCGOWAN, TED</b>	
<b>STREET ADDRESS</b>	<b>6821 SOUTHPOINT DRIVE, N. SUITE 228</b>	
<b>CITY-ST-ZIP</b>	<b>JACKSONVILLE, FL. 32216</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** **J. KEITH M. SANDS SEC, VP.** **4/26/03** **904-271-0004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)