2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 AM
Secretary of State

DOCUMENT# 428759

Entity Name: CHEMICAL DYNAMICS INC

Current Principal Place of Business:

4206 BUSINESS LN
PO BOX 486
PLANT CITY, FL 335677908

New Principal Place of Business:

4206 BUSINESS LN
PO BOX 486
PLANT CITY, FL 33567

Current Mailing Address:

P.O. BOX 486
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-1518851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARSON, DAVID W
4206 BUSINESS LANE
PLANT CITY, FL 33567

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	CARSON, BETTY C,	
Address:	2901 N FRITZKE RD	
City-St-Zip:	DOVER, FL	
Title:	CD	( ) Delete
Name:	CARSON, WEBSTER B,	
Address:	2901 N FRITZKE RD	
City-St-Zip:	DOVER, FL	
Title:	PD	( ) Delete
Name:	CARSON, DAVID W,	
Address:	2617 BRIDLE DR	
City-St-Zip:	PLANT CITY, FL 00000,	
Title:	D	(X) Delete
Name:	PONDER, JAMES,	
Address:	2000 COUNTRYSIDE CIR N	
City-St-Zip:	ORLANDO, FL	
Title:	D	( ) Delete
Name:	EDWARDS, ROBERT	
Address:	2815 HAMMOCK DR	
City-St-Zip:	PLANT CITY, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY C. CARSON STD 01/25/2002
Electronic Signature of Signing Officer or Director Date