2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 428759

Entity Name: CHEMICAL DYNAMICS INC

EDWARDS, ROBERT

2815 HAMMOCK DR

PLANT CITY, FL

Name:

Address:

City-St-Zip:

FILED Jan 29, 2003 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4206 BUSINESS LN PO BOX 486 PLANT CITY, FL 33567			4206 BUSINESS LN PLANT CITY, FL 3356	4206 BUSINESS LN PLANT CITY, FL 33566	
Current N	lailing Addres	s:	New Mailing Address	New Mailing Address:	
P.O. BOX PLANT CI	486 TY, FL 33564	US			
FEI Number	: 59-1518851	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
CARSON, DAVID W 4206 BUSINESS LANE PLANT CITY, FL 33567			CARSON, DAVID W 4206 BUSINESS LANE PLANT CITY, FL 3356		
	named entity s e of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:			01/29/2003	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financino	Trust Fund Contribution ().			
	S AND DIREC	•	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD () CARSON, BETT 2901 N FRITZK DOVER, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () CARSON, WEB 2901 N FRITZK DOVER, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () CARSON, DAVI 2617 BRIDLE D PLANT CITY, FI	R	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BETTY C. CARSON STD 01/29/2003