

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710027

1. Entity Name

CENTRAL FLORIDA CHEMICAL WORKERS BUILDING CORPORA

Principal Place of Business

118 1ST AVE. N.W.
P.O. BOX 556
MULBERRY FL 33860-0556
US

Mailing Address

118 1ST AVE. N.W.
P.O. BOX 556
MULBERRY FL 33860-0556
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1028719

Applied For

Not Applicable

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

CRAWFORD, JAMES D
2006 N.E. 5TH STREET
MULBERRY FL 33860

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME CRAWFORD, JAMES D
STREET ADDRESS 206 N.E. 5TH ST
CITY-ST-ZIP MULBERRY FL 33860

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MATHIS, JIMMY
STREET ADDRESS 1835 OAKWOOD LOOP W
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MAILLET, HERMAN
STREET ADDRESS 930 DOVE RIDGE RD
CITY-ST-ZIP LAKE LAND FL 33803

TITLE ☒ Change ☐ Addition
NAME LES WATERS
STREET ADDRESS 313 NE 9TH STREET
CITY-ST-ZIP MULBERRY, FL 33860

TITLE D ☒ Delete
NAME RAWLS, RICHARD
STREET ADDRESS 609 S. WIGGINS RD.
CITY-ST-ZIP PLANT CITY FL

TITLE D ☒ Change ☐ Addition
NAME GARY BENNETT
STREET ADDRESS 831 COLLEGE AVE
CITY-ST-ZIP LAKE LAND, FL 33801

TITLE T ☒ Delete
NAME MATHIS, JIMMY
STREET ADDRESS 1835 OAKWOOD LOOP
CITY-ST-ZIP W BARTOW FL 33830

TITLE ☒ Change ☐ Addition
NAME JAMES SLAUGHTER
STREET ADDRESS 1670 SAILPOINT DR
CITY-ST-ZIP BARTOW, FL 33830

TITLE V ☐ Delete
NAME SZADA, TOMMY
STREET ADDRESS 11823 BALM RIVERVIEW ROAD
CITY-ST-ZIP RIVERVIEW FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

863-425-4541

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE