

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90422 037 \*\*\*\*61.25

**DOCUMENT # 710027**

1. Entity Name

**CENTRAL FLORIDA CHEMICAL WORKERS BUILDING CORPORATION, INC.,**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

**4404 S. Florida Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 10**

City & State

City & State

**Lakeland, FL**

Zip

Country

Zip

Country

**33813**

**Polk**

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

**Jimmy Mathis**

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

**1835 Oakwood Loop W**

City

**Bartow**

**FL**

Zip Code  
**33830**

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

*Jimmy R. Mathis*

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

(NOTE: Registered Agent signature required when reinstating)

**April 12, 2002**

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 **Trustee**  
STREET ADDRESS **Les Waters**  
CITY-ST-ZIP **313 N.E. 9th Street**  
**Mulberry, FL 33860**

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

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Jimmy Mathis**  
CITY-ST-ZIP **1835 Oakwood Loop W**  
**Bartow, FL 33830**

TITLE **D** ☒ Delete  
NAME **WATERS, LES**  
STREET ADDRESS **313 NE 9TH STREET**  
CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☒ Addition  
NAME **1st Vice President**  
STREET ADDRESS **Butch Tingwall**  
CITY-ST-ZIP **1710 Highland Blvd**  
**Bartow, FL 33830**

TITLE **D** ☒ Delete  
NAME **BENNETT, GARY**  
STREET ADDRESS **831 COLLEGE AVE**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☒ Addition  
NAME **Recorder**  
STREET ADDRESS **Tommy Summerlin**  
CITY-ST-ZIP **350 Tangerine**  
**Mulberry, FL 33860**

TITLE **T** ☐ Delete  
NAME **SLAUGHTER, JAMES**  
STREET ADDRESS **1670 SAILPOINT DR**  
CITY-ST-ZIP **BARTOW FL 33830**

TITLE ☒ Change ☐ Addition  
NAME **at-Trustee**  
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **Trustee**  
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:

*Jimmy R. Mathis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 12, 2002 863-425-1961**

Date

Daytime Phone #

CR2E037 (9/01)