

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834430

1. Entity Name

INDUSTRIAL CHEMICALS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90105 009 ***158.75

Principal Place of Business C/O CORDIE V WELCH 210 S.W. MACON STREET MADISON FL 32340	Mailing Address C/O CORDIE V WELCH 210 S.W. MACON STREET MADISON FL 32340
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2. Principal Place of Business <i>INDUSTRIAL CHEMICALS, Inc</i>	3. Mailing Address <i>INDUSTRIAL CHEMICALS, Inc</i>
Suite, Apt. #, etc. <i>2042 Montreat Drive</i>	Suite, Apt. #, etc. <i>P.O. Box 660688</i>
City & State <i>Birmingham, AL</i>	City & State <i>Birmingham, AL</i>
Zip <i>35216</i>	Zip <i>35266</i>



DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0583643	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE MDA GROUP, INC. 5416 HIGHWAY 98 WEST SANTA ROSA BEACH FL 32459	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELCH, WILLIAM L. 2042 MONTREAT DRIVE B'HAM AL 35216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WELCH, LONNIE B. JR. 2042 MONTREAT DRIVE B'HAM AL 35216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, WILLIAM L. 2042 MONTREAT DR. B'HAM AL 35216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2/22/00 (205) 823-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)