

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90221 029 \*\*\*150.00

**DOCUMENT # G10519**

1. Entity Name  
**CECO CHEMICAL MFG., CO.**



Principal Place of Business  
**C/O BILL MATHEWS  
2990 N W 73RD ST  
MIAMI FL 33147**

Mailing Address  
**C/O BILL MATHEWS  
2990 N W 73RD ST  
MIAMI FL 33147**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2248250**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**MATHEWS, BILL  
2990 NW 73RD STREET  
MIAMI FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MATHEWS, BILL</b>                      | NAME  |   |
| STREET ADDRESS             | <b>1280 MATHEWS STREET</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                          | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MATHEWS, CATHERINE</b>                 | NAME  |   |
| STREET ADDRESS             | <b>1280 MATHEWS STREET</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>                          | CITY-ST-ZIP   |   |
| TITLE                      | <b>P-</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MATHEWS, STEVE</b>                     | NAME  |   |
| STREET ADDRESS             | <b>19431 NW 7TH STREET</b>                | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL 33029</b>            | CITY-ST-ZIP   |   |
| TITLE                      | <b>VP</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DOMBROWSKY, ROBERT</b>                 | NAME  |   |
| STREET ADDRESS             | <b>744 SW 159 LANE</b>                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>PEMBROKE PINES FL 33027</b>            | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | 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 607, 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 REQUIRED **2/4/3** **800-654-4624**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)