

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 034 ***150.00

DOCUMENT # H19230

1. Entity Name

CARBOL & SON CHEMICAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

%A.S.I., INC.

Suite, Apt. #, etc.

825 SE 47TH TERRACE

City & State

CAPE CORAL, FL

Zip

33904

Country

US

3. Mailing Address

% A.S.I., INC.

Suite, Apt. #, etc.

825 SE 47TH TERRACE

City & State

CAPE CORAL, FL

Zip

33904

Country

US

4. FEI Number

59-2567159

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RUANE, JEAN E.

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

1725 SE 14TH STREET

City

CAPE CORAL

FL

Zip Code

33990

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBOL, VLASTIMIL ALPAGATAN 20, S-352 41 VAXJO, SWEDEN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Vlastimil Carbol*

VLASTIMIL CARBOL

04/17/02

239-945-0091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)