

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2002 91609 014 ***150.00

DOCUMENT # **J57936**

1. Entity Name
BIO-CHEM CLEANING SERVICE, INC.

Principal Place of Business 2425 MILLCREEK COURT SUITE 1 TALLAHASSEE FL 32308	Mailing Address 2425 MILLCREEK COURT SUITE 1 TALLAHASSEE FL 32308
---	---

2. Principal Place of Business P.O. Box 13384	3. Mailing Address P.O. Box 13384
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 59-2808365	Applied For <input type="checkbox"/>
Not Applicable			
Zip 32317	Country LEON USA	Zip 32317	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMPSON, JAMES L. III
 2425 MILLCREEK COURT
 SUITE 1
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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

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, 2002 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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P THOMPSON, JAMES L III	2425 MILLCREEK COURT	TALLAHASSEE FL 32308	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: **James L. III Thompson**

Date: **4-15-02** Daytime Phone #: **850-402-0600**

CR2E034 (9/01)