

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90027 035 ***150.00

DOCUMENT # P96000004899

1. Entity Name

CHEM TECH INC. OF PALM BEACH

Principal Place of Business

Mailing Address

16630 87TH LANE NORTH
 LOXAHATCHEE FL 33470
 US

16630 87TH LANE NORTH
 LOXAHATCHEE FL 33470-2721
 US

2. Principal Place of Business

3882 SW Coquina Cove Way
 Suite, Apt. #, etc.
 103

3. Mailing Address

3882 SW Coquina Cove Way
 Suite, Apt. #, etc.
 103



DO NOT WRITE IN THIS SPACE

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number

65-0635932

Applied For

Not Applicable

Zip

Country

34990 Martin

Zip

Country

FL Martin

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSELYN, ALAN
 16630 87TH LANE NORTH
 LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name: Robert Saake
 Street Address (P.O. Box Number is Not Acceptable): 3882 SW Coquina Cove Way #103
 City: Palm City FL Zip Code: 34990

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

Robert Saake

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	JOSELYN, ALAN	16630 87TH LANE NORTH	LOXAHATCHEE FL 33470	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Saake, Robert	3882 SW Coquina Cove Way #103	Palm City FL 34990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert Saake
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert SAAKE 1-8-2000 361-280-40
 Date Daytime Phone #