

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90065 019 ***150.00

00038392



DO NOT WRITE IN THIS SPACE

DOCUMENT # 177127

1. Entity Name

TRAYLOR CHEMICAL & SUPPLY CO

Principal Place of Business

Mailing Address

**1911 TRAYLOR BLVD
ORLANDO FL 32804****1911 TRAYLOR BLVD
ORLANDO FL 32804-4713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0722592

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRAYLOR, WILLIAM L JR.
150 CHELTON CIR
WINTER PARK FL 32789**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CDP			
	TRAYLOR JR, WILLIAM L	150 CHELTON CIRCLE	WINTER PARK FL	
	VSD			
	COMER, WILLIAM E	6233 W. ROBINSON AVE.	ORLANDO FL	
	COBD			
	TRAYLOR, W LEROY	934 VALENCIA AVE.	ORLANDO FL	
	T			
	HALE, FRANCIES I	16004 E SUNFLOWER TRAIL	ORLANDO FL	
	S			
	ORR, SANDRA L	796 BAYOU DR	CASSELBERRY FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William E. Comer

Vice President

March 08, 2000 (407) 422-6151

Date

Daytime Phone #

CR2E034 (9/99)