2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 177127

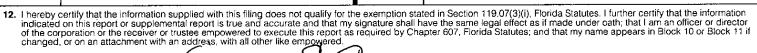
1. Entity Name

TRAYLOR CHEMICAL & SUPPLY CO

			V STEET			
Principal Place of Business 1911 TRAYLOR BLVD ORLANDO FL 32804		Mailing Address 1911 TRAYLOR BLVD ORLANDO FL 32804				
2. Principal Place of Business		3. Mailing Address			1911 BIBIR BRBIR BIBIR BIBIR 91611 FEBE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MA	KING CHANGES	
City & State		City & State		4. FEI Number 59-0722592	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	red Agent	
			Name			
TRAYLOR, WILLIAM E JR.				(DO D. M. M. Arrandala)		
150 CHEL			Street Addres	ss (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789						
***************************************	, www. E 02, 00		City		FL Zip Code	
	named entity submits this statement to tions of registered agent. Signature, typed or printed name of registered agent		IS registered office or regis	stered agent, or both, in the State of Florida. uired when reinstating)	ATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		Election Campaign Financing Trust Fund Contribution.	9 \$5.00 May Be ☐ Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP TRAYLOR JR,WILLIAM L 150 CHELTON CIRCLE WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COMER,WILLIAM E 6233 W. ROBINSON AVE. ORLANDO FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD TRAYLOR,W LEROY 934 VALENCIA AVE. ORLANDO FL	XI Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALE, FRANCIES I 16004 E SUNFLOWER TRAIL ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORR, SANDRA L 796 BAYOU DR CASSELBERRY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition {	
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

FILED Jun 13, 2003 8:00 am Secretary of State

06-13-2003 90057 005 ***550.00



CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/09/03

(407) 422-6151

Daytime Phone #

CR2