FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 15, 2001 8:00 am Secretary of State **DOCUMENT # 204951** ASSOCIATED ENGINEERING CHEMISTRY, INC. 05-15-2001 90172 010 ***150.00 Principal Place of Business Mailing Address 1031 N E 44TH ST 1031 N E 44TH ST E986291 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0864958 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASSIDY, J A Street Address (P.O. Box Number is Not Acceptable) 1031 N E 44TH ST FORT LAUDERDALE FL 33334 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition CR2E034 (10/00) TITLE TITLE ☐ Delete BOTTS, J.K. NAME NAME STREET ADDRESS 1031 NE 44TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 STD Delete Change ☐ Addition TITLE TITLE NAME CASSIDY, J A NAME STREET ADDRESS 1031 N E 44TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 **VD** ☐ Delete TITLE Change Addition TITLE HEIZER, K M NAME STREET ADDRESS 201 E SAMPLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH, FL 00000 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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