2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am & Secretary of State **FILED** DOCUMENT # 329827 1. Entity Name STOLLER CHEMICAL COMPANY OF FLORIDA 05-23-2002 90071 040 ***150.00 Mailing Address Principal Place of Business P. O. BOX 1227 P. O. BOX 1227 EUSTIS FL 32727-8227 EUSTIS FL 32727-8227 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1207792 Not Applicable Zip . Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stoller, Jerry H. JOHNSON, LANNY Street Address (P.O. Box Number is Not Acceptable) 1461 PINE GROVE RD 1451 Pine Grove Rd. **EUSTIS FL 32726** Eustis 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 Jerry H. Stoller, President (NOTE: Registered Agent signature required when reinstating) 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, 2002 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. TITLE TITI F Delete Stoller, Jerry H. NAME JOHNSON, H. L JR. NAME STREET ADDRESS P. O. BOX 1227 N/A STREET ADDRESS 1451 Pine Grove Rd. CITY-ST-ZIP **EUSTIS FL** CITY-ST-ZIP Eustis, Fl 32727 ☐ Addition ☐ Delete TITLE ☐ Change TITLE. NAME DOWNS, TINA M NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1227 CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

ERROUNDerry H. Stoller President

STREET ADDRESS

Daytime Phone #