

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 336345

1. Entity Name

Pro Chem Products, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90072 032 ***150.00

811968

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1340 West Central Blvd. Orlando, Florida 32805	P.O. Box 555127 Orlando, Florida 32855

2. Principal Place of Business	3. Mailing Address
same	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

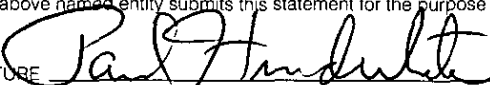
City & State	City & State
Orlando, Florida	Orlando, Florida
Zip	Zip
32805	32855
Country	Country
US	US

4. FEI Number	Applied For
59-1270-100	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
Paul Hinderliter 8855 Lake Irma Point Orlando, Florida 32817 PRESIDENT

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	1-31-00
	
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)
<input type="checkbox"/>

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
<input type="checkbox"/>	

11. OFFICERS AND DIRECTORS		
TITLE	President	<input type="checkbox"/> Delete
NAME	Paul Hinderliter	
STREET ADDRESS	1340 W. Central Blvd.	
CITY-ST-ZIP	Orlando, Florida 32805	
TITLE	Beverly Ims	<input type="checkbox"/> Delete
NAME	1340 W. Central Blvd.	
STREET ADDRESS	Orlando, Florida 32805	
CITY-ST-ZIP		
TITLE	Marilyn Kendall	<input type="checkbox"/> Delete
NAME	Vice President	
STREET ADDRESS	1340 W. Central Blvd.	
CITY-ST-ZIP	Orlando, Florida 32805	
TITLE	Muriel Hinderliter	<input type="checkbox"/> Delete
NAME	Secretary/Treasurer	
STREET ADDRESS	1340 W. Central Blvd.	
CITY-ST-ZIP	Orlando, Florida 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE	1-31-00
	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CRZE034 (9/99)