

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90042 045 ***150.00

DOCUMENT # 485119

1. Entity Name
CHEMEX, INC.

Principal Place of Business

**464 BOSPHORUS AVENUE
TAMPA FL 33606**

Mailing Address

**464 BOSPHORUS AVENUE
TAMPA FL 33606
US**

2. Principal Place of Business

5217 BON VIVANT DRIVE

3. Mailing Address

5217 BON VIVANT DRIVE

Suite, Apt. #, etc.

218

Suite, Apt. #, etc.

218

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

Country

33603 HUSBANDT

Zip

Country

33603 HUSBANDT

4. FEI Number **59-1631468**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORDA, HUGH A
464 BOSPHORUS AVE.
TAMPA FL 33606**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

5217 BON VIVANT DRIVE #218

City

TAMPA

FL

Zip Code

33603

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 **H.A. GORDA President**

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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, 2001 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 **PTD** ☐ Delete
NAME **GORDA, H. A.**
STREET ADDRESS **464 BOSPHORUS AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME **5217 BON VIVANT DRIVE #218**
STREET ADDRESS **TAMPA, FL 33603**
CITY-ST-ZIP

TITLE **VPSD** ☐ Delete
NAME **GORDA, D S**
STREET ADDRESS **464 BOSPHORUS AVE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Change ☐ Addition
NAME **5217 BON VIVANT DRIVE #218**
STREET ADDRESS **TAMPA, FL. 33603**
CITY-ST-ZIP

TITLE **ASD** ☒ Delete
NAME **GORDA, J W**
STREET ADDRESS **464 BOSPHORUS AVE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Change ☐ Addition
NAME **18107 LAGUNA'S PERCA PLACE #201**
STREET ADDRESS **LUTZ, FL. 33549**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **H.A. GORDA Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

813-873-7777

Daytime Phone #

CR2E034 (10/00)