

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 505302

1. Entity Name

CHEMILIZER PRODUCTS, INC.

Principal Place of Business

12745 49TH ST NORTH
CLEARWATER FL 34622

Mailing Address

12745 49TH ST NORTH
CLEARWATER FL 33770-1830

2. Principal Place of Business

230 Commerce Drive North
Suite, Apt. #, etc.

3. Mailing Address

230 Commerce Drive North
Suite, Apt. #, etc.

City & State

Largo, Florida

City & State

Largo, Florida

4. FEI Number

59-1732259

Applied For

Not Applicable

Zip

33710

Country

USA

Zip

33710

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, FRANK R
12745-49TH STREET NORTH
CLEARWATER FL 34622

7. Name and Address of New Registered Agent

Name Frank R. Daniels
Street Address (P.O. Box Number is Not Acceptable)

230 Commerce Drive North
City Largo FL Zip Code 33710

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

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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	DANIELS, FRANK R	
STREET ADDRESS	2420 BUTTERN COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DANIELS, JANICE E	
STREET ADDRESS	2420 BUTTERN COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	
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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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 518-1665

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90026 024 ***150.00

627277



DO NOT WRITE IN THIS SPACE