2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 555125 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name HUNTER CHEMICAL & FORMULATING CO., INC. 04-10-2000 90049 012 ***150.00 Mailing Address Principal Place of Business 1300 ALDEN ROAD 1300 ALDEN ROAD ORLANDO FL 32803 ORLANDO FL 32803-1822 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1786489 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STONE, STEPHE M Street Address (P.O. Box Number is Not Acceptable) 725 N.MAGNOLIA AVE. ORLANDO FL 32803 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ■ Addition ☐ Delete TITLE TITLE HUNTER, DOUGLAS J NAME NAME STREET ADDRESS STREET ADDRESS 1300 ALDEN ROAD CITY-ST-ZIP CITY-ST-7IP ORLANDO FL ☐ Change Addition TITLE ☐ Delate TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITHE TITLE NAME STREET ADDRESS STREET ADDRESS DITY-ST-719 CITY-ST-ZIP 13. Thereby 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 at of the corporation or the receiver or trustee empowered accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this feport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if er like empowered.