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04-28-2003 90317 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

818314 **DOCUMENT #**

1. Entity Name



MARSHALL, SHIRLEY 6501 4TH SPL'S STEPE ADDRESS CITY-ST-ZIP MARCH STREET ADDRESS CITY-ST-ZIP MARCH STREET ADDRESS CITY-ST-ZIP PD FREDLAND, JOAN A. 945 SAGO PT DR LARGO FL 33777 LAVERTY, DEBORAH 16 WOODLAWN RD. NORTH DARTMOUTH MA 02747 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	FOREMO	ST CHEMICALS, INC.							
City & State City & State Country Country Country Country Country Country Country S. Country S. Conflicate of Sistua Desired S. S. 75 Associational File Population 6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name 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 diffice or registered agent, or both, in the State of Florida. I am Is amiliar with, and accept the obligations of registered figure. SIGNATURE Signature, loaded printed speries and the inextense of mighters agent and the inextense. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papable to Prijeride all begans ment of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NO 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NO 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NO 11 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NO 11 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NO 11 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NO	6543 46TH ST N SUITE 1102 PINELLAS PARK FL 33781 US		6543 46TH ST N. SUITE 1102 PINELLAS PARK FL 33781 US						
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After May 1, 2003. Épé will be \$550.00 Make Check Payable to Florida Department of State 10.	- 	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: I	Registered Agent signature requi	ired when reinstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	≁' After	May 1, 2003 Fee will be \$550.00	State				\$5.0 Added	O May Be to Fees	
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12. Thereby certify that the information supplied with this filling 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 certify that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	partify that the information question with		NAME STREET ADDRESS CITY-ST-ZIP	Section 119 07/2Vi) Florida State			Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WWW. DEQUISHTFley Marshall

4/24/03 Date

727-522-8518

Daytime Phone #