

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 848025**

1. Entity Name

CAR KEM PRODUCTS, INC.**FILED**
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90042 031 ***150.00

Principal Place of Business

**215 COASTLINE ROAD
SANFORD FL 32771-6631**

Mailing Address

**215 COASTLINE ROAD
SANFORD FL 32771-6631**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-0625286

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

**LA FLEUR, MARTYN
215 COASTLINE RD
SANFORD FL 32771**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD			☐ Delete					☐ Change ☐ Addition
	LAFLEUR, MARTYN	1110 N. PENINSULA AVE.	NEW SMYRNA BEACH FL						
	STD			☐ Delete					☐ Change ☐ Addition
	LAFLEUR, PATRICIA	1110 N. PENINSULA AVE.	NEW SMYRNA BEACH FL						
	V			☐ Delete					☐ Change ☐ Addition
	MELITSHKA, WALTER E., JR	173 HAVILLAND STREET	LONGWOOD FL						
	V			☐ Delete					☐ Change ☐ Addition
	STICKELS, DAVID E	207 CANTERCLUB TRAIL	LONGWOOD FL						
	V			☐ Delete					☐ Change ☐ Addition
	LUCIDO, GREG C	9217 NEPTUNES BASIN CT.	BOCA RATON FL						
				☐ Delete					☐ Change ☐ Addition

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:

M. H. LaFleur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2000

Date

(407) 323-5626

Daytime Phone #

CR2E034 (9/99)