

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 848326

1. Entity Name

PHOSACID SERVICE & SUPPLY, INC.

Principal Place of Business

ONE SALEM LAKE DR
LONG GROVE IL 60047-8402
US

Mailing Address

ONE SALEM LAKE DR
LONG GROVE IL 60047-8401
US

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

36-3134538

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 DVS ☐ Delete
NAME OBERT, P.R.
STREET ADDRESS ONE SALEM LAKE DR
CITY-ST-ZIP LONG GROVE IL

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

TITLE V ☐ Delete
NAME HOLMES, A.L.
STREET ADDRESS BONNIE MINE ROAD
CITY-ST-ZIP BARTOW FL

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

TITLE VD ☐ Delete
NAME WILSON, S.R.
STREET ADDRESS ONE SALEM LAKE DR
CITY-ST-ZIP LONG GROVE IL

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

TITLE PD ☐ Delete
NAME LIUZZI, R C
STREET ADDRESS ONE SALEM LAKE DR
CITY-ST-ZIP LONG GROVE IL

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

TITLE T ☐ Delete
NAME BAKER, D.W.
STREET ADDRESS ONE SALEM LAKE DR
CITY-ST-ZIP LONG GROVE IL

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

TITLE AS ☐ Delete
NAME SCOTT, J. J.
STREET ADDRESS ONE SALEM LAKE DRIVE
CITY-ST-ZIP LONG GROVE IL

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:

D.W. Baker

D.W. Baker

4/25/00

(847)438-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)