

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90003 007 ***150.00

DOCUMENT # 848326

1. Entity Name
PHOSACID SERVICE & SUPPLY, INC.

004544



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
ONE SALEM LAKE DR **ONE SALEM LAKE DR**
LONG GROVE IL 60047-8402 **LONG GROVE IL 60047-8402**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **36-3134538** Applied For
 Not Applicable
 Zip Country Zip Country 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 Name
1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OBERT, P.R.		NAME		
STREET ADDRESS	ONE SALEM LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLMES, A.L.		NAME		
STREET ADDRESS	BONNIE MINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, S.R.		NAME		
STREET ADDRESS	ONE SALEM LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIUZZI, R C		NAME		
STREET ADDRESS	ONE SALEM LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKER, D.W.		NAME		
STREET ADDRESS	ONE SALEM LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, J. J.		NAME		
STREET ADDRESS	ONE SALEM LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LONG GROVE IL		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: *Dennis W. Baker* **D.W. Baker, Treasurer** **4/24/01** **(847)438-9500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)