

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90923 028 \*\*\*150.00

**DOCUMENT # F00000001797**

1. Entity Name  
**PLYMOUTH CHEMICAL CO, INC.**



Principal Place of Business  
**555 SE 6TH AVE 4H  
DELRAY BEACH FL 33483**

Mailing Address  
**555 SE 6TH AVE 4H  
DELRAY BEACH FL 33483**



2. Principal Place of Business

**2653 SW 23rd Crankbrook Dr**

Suite, Apt. #, etc.

3. Mailing Address

**2653 SW 23rd Crankbrook Dr**

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Baynton Beach FL**

Zip  
**33436**

Country  
**USA**

City & State  
**Baynton Beach FL**

Zip  
**33436**

Country  
**USA**

4. FEI Number **22-2282924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, TODD  
555 SE 6TH AVE., 4H  
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name  
**SIMMONS, TODD**  
Street Address (P.O. Box Number is Not Acceptable)  
**2653 SW Crankbrook Drive**  
City  
**Baynton Beach** FL Zip Code  
**33436**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Todd Simmons Pres**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/10/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **SIMMONS, TODD**  
STREET ADDRESS **555 SE 6TH AVE., 4H**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **S** ☐ Delete  
NAME **SIMMONS, MARY D**  
STREET ADDRESS **555 SE 6TH AVE., 4H**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **SIMMONS, TODD**  
STREET ADDRESS **2653 SW 23rd Crankbrook Drive**  
CITY-ST-ZIP **Baynton Beach, FL 33436**

TITLE **S** ☒ Change ☐ Addition  
NAME **SIMMONS, MARY D**  
STREET ADDRESS **2653 SW 23rd Crankbrook Drive**  
CITY-ST-ZIP **Baynton Beach, FL 33436**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Todd Simmons**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/03** **661-731-4321**  
Date Daytime Phone #

CR2E034 (10/02)