

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002428

1. Entity Name

CHEMCORE, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90496 004 \*\*\*150.00

Principal Place of Business

36 TECUMSEH STREET  
DAYTON OH 45402

Mailing Address

36 TECUMSEH STREET  
DAYTON OH 45402

2. Principal Place of Business

6710 BENJAMIN RD.

3. Mailing Address

3127 ENCLERE LANE

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

DAYTON OH

Zip

33634-4404

Country

USA

Zip

45439

Country

USA

4. FEI Number 31-1699573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2001 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

TITLE PTD  
NAME GILMORE, RUSSELL A III  
STREET ADDRESS 36 TECUMSEH STREET  
CITY-ST-ZIP DAYTON OH 45402 ☐ Delete

TITLE S  
NAME HOLTON, THOMAS A  
STREET ADDRESS ONE SOUTH MAIN STREET, SUITE 1600  
CITY-ST-ZIP DAYTON OH 45402 ☐ Delete

TITLE CD  
NAME LORENZ, GEOFFREY R  
STREET ADDRESS 76 WEST FORRER ROAD  
CITY-ST-ZIP DAYTON OH 45419 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: *Russell A. Gilmore, III* PRESIDENT RUSSELL A. GILMORE, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

Date

937-534-0431

Daytime Phone #