

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90046 036 ***150.00

DOCUMENT # F36190

1. Entity Name

INDIAN RIVER CHEM SERVICE, INC.

Principal Place of Business

**2991 GEMINI AVE NE
 PALM BAY FL 32905**

Mailing Address

**2991 GEMINI AVE NE
 PALM BAY FL 32905**

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

59-2017440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PACE, CHARLES F
 2991 GEMINI AVE NE
 PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name

Pace, Joseph R.

Street Address (P.O. Box Number is Not Acceptable)

2991 Gemini Ave NE

City

Palm Bay

FL

Zip Code

32905

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

JOSEPH R. PACE

03/15/02

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, 2002 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 **DP** ☐ Delete
 NAME **PACE, CHARLES F**
 STREET ADDRESS **2991 GEMINI AVE NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE **D** ☐ Delete
 NAME **PACE, SARAH E**
 STREET ADDRESS **2991 GEMINI AVE NE**
 CITY-ST-ZIP **PALM BAY 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director, Vice President** ☐ Change ☒ Addition
 NAME **Pace, Joseph R.**
 STREET ADDRESS **2991 Gemini Ave NE**
 CITY-ST-ZIP **Palm Bay, FL 32905**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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:

JOSEPH R. PACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/02 (321) 729-9136

Date Daytime Phone #

CR2E034 (9/01)