

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52855

1. Entity Name

CHEMMART ASSOCIATES, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90013 039 ***150.00

Principal Place of Business

1059 BROADWAY
E
DUNEDIN FL 34698
US

Mailing Address

1059 BROADWAY
E
DUNEDIN FL 34698-5756
US

2. Principal Place of Business

1059 BROADWAY

3. Mailing Address

1059 BROADWAY

Suite, Apt. #, etc.

C

Suite, Apt. #, etc.

C

City & State

DUNEDIN FL

City & State

DUNEDIN, FL

Zip

34698

Country

PINELLAS

Zip

34698

Country

PINELLAS

6. Name and Address of Current Registered Agent

KISER, S. CURTIS, ESQ.
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCOY, PAUL E J	
STREET ADDRESS	1675 CINNAMON LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCCOY, JOHN C.	
STREET ADDRESS	343 CAUSEWAY BLVD.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MCCOY, SHELIA A.	
STREET ADDRESS	1675 CINNAMON LANE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOY, PAUL E	
STREET ADDRESS	255 DOLPHIN POINT RD. UNIT 511	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCoy, Sheila A.	
STREET ADDRESS	1675 Cinnamon Lane	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	Chairman & CEO & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul E. McCoy	
STREET ADDRESS	255 Dolphin Pt. Rd. Unit 511	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Cunneen	
STREET ADDRESS	401 Jamesborough Drive,	
CITY-ST-ZIP	Pittsburgh PA 15238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXT 202

CR2E034 (9/99)