

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90126 020 \*\*\*150.00

IMPORTANT:

The Florida Department of State strongly recommends the use of a preprinted origin  
The filing of a substitute version may require special processing by the state.  
To obtain a preprinted original call 850-488-9000.

2003 2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # <b>F96000002225</b>			
1. Entity Name Chemreal Corp.			
Principal Place of Business 4021 Whiskey Pointe Ln. #202 Bonita Springs, FL 34134		Mailing Address 4021 Whiskey Pointe Ln. #202 Bonita Springs, FL 34134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>16-0775372</b>		Applied For <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name <b>Kathleen Paterson</b> Street Address (P.O. Box Number is Not Acceptable) <b>4021 Whiskey Pointe Ln #202</b> City <b>Bonita Springs</b> FL Zip Code <b>34134</b>	
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 <b>Kathleen Paterson</b> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <b>Kathleen Paterson</b> (NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Pres</b> NAME <b>Robert H. Paterson</b> STREET ADDRESS <b>4021 Whiskey Pointe Ln #202</b> CITY - ST - ZIP <b>Bonita Springs FL 34134</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP &amp; Sec.</b> NAME <b>Kathleen M. Paterson</b> STREET ADDRESS <b>4021 Whiskey Pointe Ln</b> CITY - ST - ZIP <b>Bonita Springs FL 34134</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>Treas</b> NAME <b>Robert H. Paterson</b> STREET ADDRESS <b>4021 Whiskey Pointe Ln #202</b> CITY - ST - ZIP <b>Bonita Springs FL 34134</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Robert H. Paterson</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/30/03</b> Daytime Phone # <b>239-428 6139</b>	

CRE034 (9/99)