

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90039 031 ***150.00

DOCUMENT # F98000001363
1. Entity Name NaturChem, Inc.

DO NOT WRITE IN THIS SPACE

54019620

2. Principal Place of Business 270 Bruner Rd Suite, Apt. #, etc.	3. Mailing Address 270 Bruner Rd Suite, Apt. #, etc.
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City & State Lexington, SC	City & State Lexington SC	4. FEI Number 57-0851059	Applied For Not Applicable
Zip 29072	Country Lexington	Zip 29072	Country Lexington

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name Ken Johnson	
Street Address (P.O. Box Number is Not Acceptable) Rt. 10 Box 293	
City Lake City	FL Zip Code 32025

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME Rom D Kellis III
STREET ADDRESS 1130 Shull Island Rd	CITY-ST-ZIP Gilbert SC 29054
TITLE VST	NAME Robin M Kellis
STREET ADDRESS 1130 Shull Island Rd	CITY-ST-ZIP Gilbert SC 29054
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rom D. Kellis Rom D. Kellis (803) 957-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #