FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2005 8:00 am
Secretary of State
03-17-2005 90022 016 ***150.00

DOCUMENT # F98000001363

1. Entity Name

NaturChem, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
270 Bruner Rd	270 Bruner Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lexington, SC	City & State: Lexington
Zip: 29072 Country: Lexington	Zip: 29072 Country: Lexington

4. FEI Number 57-0851059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE	P	TITLE	
NAME	Rom D. Kellis III	NAME	
STREET ADDRESS	1130 Shull Island Rd.	STREET ADDRESS	
CITY-ST-ZIP	Gilbert SC 29054	CITY-ST-ZIP	
TITLE	VST	TITLE	
NAME	Robin M Kellis	NAME	
STREET ADDRESS	1130 Shull Island Rd.	STREET ADDRESS	
CITY-ST-ZIP	Gilbert SC 29054	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CITY-ST-ZIP		CITY-ST-ZIP	

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 3-15-05 803-957-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #