

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000002123**

1. Entity Name

**CHEMCO EQUIPMENT CO.****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90071 006 \*\*\*150.00

Principal Place of Business

**105 COMMERCE BOULEVARD  
LAWRENCE PA 15055**

Mailing Address

**105 COMMERCE BOULEVARD  
LAWRENCE PA 15055**

00011945



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1500 INDUSTRIAL DR.**

Suite, Apt. #, etc.

3. Mailing Address

**1500 INDUSTRIAL DR.**

Suite, Apt. #, etc.

City &amp; State

**MONONGAHELA, PA 15063**

City &amp; State

**MONONGAHELA, PA 15063**

Zip

Country

**US**

Zip

Country

**US**

4. FEI Number

**25-1381647**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MOSS-KELLEY, INC.  
2180 NORTH STATE ROUTE 43  
LONGWOOD FL 32779**

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	<b>PCT</b>	<input type="checkbox"/> Delete
NAME	<b>BOLLMAN, BERNICE</b>	
STREET ADDRESS	<b>1583 HASTINGS MILL ROAD</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15241</b>	

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BOLLMAN, PHILIP D</b>	
STREET ADDRESS	<b>1583 HASTINGS MILL ROAD</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15241</b>	

TITLE	<b>SVC</b>	<input type="checkbox"/> Delete
NAME	<b>DUVALL, SUSAN</b>	
STREET ADDRESS	<b>249 PARKWAY DRIVE</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA 15228</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENNEDY, WENDY</b>	
STREET ADDRESS	<b>208 HEMSTEAD LANE</b>	
CITY-ST-ZIP	<b>WALLINGFORD PA 19086</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOLLMAN, JAMES</b>	
STREET ADDRESS	<b>108 AUTUMN WAY</b>	
CITY-ST-ZIP	<b>VENETIA PA 15367</b>	

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		

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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

1/25/00

Date

704-258-7333

Daytime Phone #