

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**  
 02-28-2000 90062 028 \*\*\*150.00

**DOCUMENT # G47719**

1. Entity Name  
**CHEMCLAD CORPORATION**

Principal Place of Business --- HOBBS ROAD O BOX 1804 --- FL 33823	Mailing Address 1701 HOBBS ROAD P O BOX 1804 AUBURNDAL FL 33823-1804
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2314182</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**WALTERS, CHARLES L.**  
**1701 HOBBS ROAD**  
**AUBURNDAL FL 33823**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---	--

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, CHARLES L.		NAME		
STREET ADDRESS	142 HARBOR WAY		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDAL FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, JEFFREY L.		NAME		
STREET ADDRESS	400 HIGH ORCHARD DR		STREET ADDRESS		
CITY-ST-ZIP	ANN ARBOR MI 48105		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSMER, GAY		NAME		
STREET ADDRESS	4922 E. PERSHING		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE AZ 85-6254		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEMER, GAY		NAME	SMITH, JILL	
STREET ADDRESS	4922 APPLEWOOD #1402		STREET ADDRESS	5848 APPLEWOOD #1402	
CITY-ST-ZIP	W. BLOOMFIELD MT 48322		CITY-ST-ZIP	WEST BLOOMFIELD, MI 48322	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASIAK, JAMES		NAME		
STREET ADDRESS	P O BOX 308		STREET ADDRESS		
CITY-ST-ZIP	RICHLAND MI 49083		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Charles L. Walters 2-11-00 863 945 0431  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)