

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90088 024 ***150.00

DOCUMENT # G89914

1. Entity Name *R*
CHEM POLYMER CORPORATION

Principal Place of Business Mailing Address

2443 ROCKFILL ROAD 2443 ROCKFILL ROAD
P O BOX 6927 FT MYERS FL 33916
FT. MYERS FL 33916 US
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2448189** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, JOHN C
2443 ROCKFILL RD
FORT MYERS FL 33916

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS ~~\$550.00~~ ^{150.00}**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JOHN 2443 ROCKFILL RD FT. MYERS FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KROHG, OLAF 2443 ROCKFILL RD FT. MYERS FL 33916-4822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANSOM, KEITH G 2443 ROCKFILL RD FT. MYERS FL 33916-4822 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date **7/7/00** Daytime Phone # **(941) 337-0400**

CR2E034 (1/00)

G89914

ACCOLA 8/10/00

2443 Rockfill Road, P.O. Box 6927 Fort Myers, Florida 33911 Telephone: 941 337-0400, FAX 941 337-4461 Toll Free: 1 800 237-3167



July 12, 2000

Florida Department of State
Attn: Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: 2000 Uniform Business Report

To Whom It May Concern,

We are in receipt of the second notice regarding the 2000 UBR. Unfortunately, we have not received the first report. After speaking with a representative at your office, she recommended I forward this report along with the \$150.00 filing fee (our check # 15163), for processing since we have not previously received the original report.

Thank you for your prompt attention to this matter, and should you need additional information, please do not hesitate to contact me.

Sincerely,

Chem Polymer Corporation

A handwritten signature in cursive script that reads "Pamela M. Koper".

Pamela M. Koper
Accounting Department