

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90203 011 ***150.00

DOCUMENT # **G89914**



1. Entity Name:
CHEM POLYMER CORPORATION

Principal Place of Business
**2443 ROCKFILL ROAD
P O BOX 6927
FT. MYERS FL 33916
US**

Mailing Address
**2443 ROCKFILL ROAD
FT MYERS FL 33916
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2448189**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEE, JOHN C
2443 ROCKFILL RD
FORT MYERS FL 33916**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	LEE, JOHN	
STREET ADDRESS	2443 ROCKFILL RD	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	P	<input type="checkbox"/> Delete
NAME	DEWULF, EVAN	
STREET ADDRESS	2443 ROCKFILL RD	
CITY-ST-ZIP	FT. MYERS FL 33916-4822	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANSOM, KEITH G	
STREET ADDRESS	2443 ROCKFILL RD	
CITY-ST-ZIP	FT. MYERS FL 33916-4822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Lee

1/8/03 (239) 337-0400

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR