

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H07308

1. Entity Name

CHROMATECH, INC.

Principal Place of Business

2730 NE 14TH ST
OCALA FL 34470
US

Mailing Address

PO BOX 1748
OCALA FL 34478-1748
US

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

59-2417641

Applied For

Not Applied For

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

ERDMAN, BARBARA J.
3434 S.E. 12TH STREET
OCALA FL 34471

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 PD ☐ Delete
NAME ERDMAN, BARBARA J.
STREET ADDRESS 3434 S.E. 12TH STREET
CITY-ST-ZIP Ocala FL

TITLE VD ☐ Delete
NAME SWANDER, ORVAL
STREET ADDRESS 3434 SE 12TH STREET
CITY-ST-ZIP Ocala FL

TITLE ST ☐ Delete
NAME SWANDER, ORVAL
STREET ADDRESS 3434 SE 12TH ST
CITY-ST-ZIP Ocala FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PLEASE NOTE: Box 9 sounds like
IT SHOULD BE CHECKED IF WE PAY
INTANGIBLE TAX. THE ~~CRITERIA~~ CRITERIA ON
BACK" SOUNDS LIKE WE SHOULD MARK IT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
IF WE DO NOT PAY IT.
WE DO PAY A CORPORATE INTANGIBLE
TAX, SO PLEASE MARK BOX 9 IF IT
WOULD BE CORRECT. THANKS

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

BARBARA J. ERDMAN *Barbara J. Erdman*

1-21-00 (352)

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR