

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90316 042 ***150.00

DOCUMENT # H19230

1. Entity Name

CARBOL & SON CHEMICAL, INC.

Principal Place of Business

% A.S.I. INC.
 1031 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904

Mailing Address

% A.S.I. INC.
 1031 CAPE CORAL PARKWAY
 CAPE CORAL FL 33904

2. Principal Place of Business

% A.S.I. INC

Suite, Apt. #, etc.
 825 SE 47TH TERRACE

City & State
 CAPE CORAL FL

Zip Country
 33904 US

3. Mailing Address

% A.S.I. INC

Suite, Apt. #, etc.
 825 SE 47TH TERRACE

City & State
 CAPE CORAL FL

Zip Country
 33904 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2567159**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RUANE, JEAN E.
1725 SE 14TH ST
CAPE CORAL FL 33990

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, 2001 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
 NAME CARBOL, VLASTIMIL
 STREET ADDRESS ALPGATAN 20, S-352 41
 CITY-ST-ZIP VAXJO, SWEDEN ☐ Delete

TITLE D
 NAME CARBOL, PAUL
 STREET ADDRESS ALPGATAN 20, S-352 41
 CITY-ST-ZIP VAXJO, SWEDEN ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONTH / DAY / YEAR
 02 / 17 / 2001

Date

Daytime Phone #

CR2E034 (10/00)