

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90081 011 \*\*\*150.00

**DOCUMENT # J54120**  
 1. Entity Name  
**UNIVERSAL CHEMICAL FEEDER, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>4350 5TH STREET S.W.<br/>VERO BEACH FL 32968</b> | Mailing Address<br><b>4350 5TH STREET S.W.<br/>VERO BEACH FL 32968-3913</b> |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State  | City & State                              |



DO NOT WRITE IN THIS SPACE

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0033757</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**BECHTOLD, GERALD**  
**4350 5TH STREET S.W.**  
**VERO BEACH FL 32968**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Numbers 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. (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<br><b>P</b>                               | <input type="checkbox"/> Delete |
| NAME<br><b>MAGLIO, MURRILL</b>                  |                                 |
| STREET ADDRESS<br><b>5683 KUMQUAT ROAD</b>      |                                 |
| CITY-ST-ZIP<br><b>WEST PALM BEACH FL 33413</b>  |                                 |
| TITLE<br><b>VP</b>                              | <input type="checkbox"/> Delete |
| NAME<br><b>MOORE, STEVE</b>                     |                                 |
| STREET ADDRESS<br><b>780 S. CONGRESS AVENUE</b> |                                 |
| CITY-ST-ZIP<br><b>WEST PALM BEACH FL 33406</b>  |                                 |
| TITLE<br><b>ST</b>                              | <input type="checkbox"/> Delete |
| NAME<br><b>BECHTOLD, GERALD</b>                 |                                 |
| STREET ADDRESS<br><b>4350 5TH STREET S.W.</b>   |                                 |
| CITY-ST-ZIP<br><b>VERO BEACH FL 32968</b>       |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |
| TITLE   | <input type="checkbox"/> Delete |
| NAME  |                                 |
| STREET ADDRESS                                  |                                 |
| CITY-ST-ZIP                                     |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |   |
| STREET ADDRESS  |   |
| CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)