## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

## Jan 16, 2002 8:00 am Secretary of State J54120 DOCUMENT # 1. Entity Name 01-16-2002 90026 036 \*\*\*150.00 UNIVERSAL CHEMICAL FEEDER, INC. Principal Place of Business Mailing Address 4350 5TH STREET S.W. 4350 5TH STREET S.W. VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0033757 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECHTOLD, GERALD Street Address (P.O. Box Number is Not Acceptable) 4350 5TH STREET S.W. VERO BEACH FL 32968 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MAGLIO, MURRILL NAME NAME STREET ADDRESS 5683 KUMQUAT ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33413 CITY-ST-ZIP ☐ Defete Change ☐ Addition MOORE, STEVE NAME STREET ADDRESS 780 S. CONGRESS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Addition TITLE ☐ Delete Change TITLE NAME BECHTOLD, GERALD STREET ADDRESS STREET ADDRESS 4350 5TH STREET S.W. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

CR2E034 (9/01)

Daytime Phone #

FILED