

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90177 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80122357

DOCUMENT # J75015					
1. Entity Name CHEMKO TECHNICAL SERVICES, INC.					
Principal Place of Business 5325 US #1 MMMS, FL 32754-4824 US			Mailing Address 5325 US #1 MMMS, FL 32754-4824 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 58-2812289			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JONES, LEONARD D. 5325 US HWY 1 MMMS, FL 32754			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature is typed or printed name of registered agent and is applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
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	VPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JASPERSON D		NAME		
STREET ADDRESS	POB 808		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32781		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JONES LEONARD D.		NAME		
STREET ADDRESS	P.O. BOX 6137 NIA		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JONES, PAMELA STACY		NAME		
STREET ADDRESS	5325 US #1		STREET ADDRESS		
CITY-ST-ZIP	MMMS, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(1), 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, on an attachment with an address, with a letter like empowered.					
SIGNATURE: _____ SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					