

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K69580

1. Entity Name

FLOR CAL CHEMICAL, INC.

FILED

Jan 13, 2000 8:00 am  
Secretary of State

01-13-2000 90039 031 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O TOBY HIRSHORN  
8312 BLUE CYPRESS DR.  
LAKE WORTH FL 33467

C/O TOBY HIRSHORN  
8312 BLUE CYPRESS DR.  
LAKE WORTH FL 33467-6239

2. Principal Place of Business

3. Mailing Address

8312 BLUE CYPRESS DR.  
Suite, Apt. #, etc.

8312 BLUE CYPRESS DR.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LAKE WORTH FL.

LAKE WORTH FL.

4. FEI Number

65-0105017

Applied For

Not Applicable

Zip

Country

33467

U.S.A.

Zip

Country

33467

U.S.A.

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

HIRSHORN, TOBY  
8312 BLUE CYPRESS DR.  
LAKE WORTH FL 33467

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

*Toby Hirschorn*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HIRSHORN, TOBY 8312 BLUE CYPRESS DR. LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HIRSHORN, TOBY 8312 BLUE CYPRESS DR. LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRSHORN, WILLIAM R. 8312 BLUE CYPRESS DR. LAKE WORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Toby Hirschorn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000  
Date

561-439-0197  
Daytime Phone #

CR2ED034 19/99