Jan 22, 2003 8:00 am

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

## **Secretary of State** K82639 DOCUMENT # 01-22-2003 90164 013 \*\*\*150 00 INDU-CHE SALES, INC. Principal Place of Business Mailing Address 175 REGATTA DRIVE PO BOX 2350 JUPITER FL 33468 JUPITER FL 33468 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0124978 Not Applicable 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 MAIZEL, ISAAC E. Street Address (P.O. Box Number is Not Acceptable) 175 REGATTA DRIVE JUPITER FL 33477 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Delete TITLE ☐ Addition MAIZEL, ISAAC E. NAME NAME 175 REGATTA DRIVE STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ✓ - ☐ Addition TITLE MAIZEL, RONALD NAME 176 FORDHAM DR. STREET ADDRESS STREET ADDRESS ABERDEEN NJ 07747 CITY-ST-ZIP CITY-ST-ZIP Sherry D.Fivea 175 Regatta Dr Jupiter,FL.,33 -/- Delete Change >\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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

12. 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 10 or Block 11 if changed, or on an attacl

SIGNATURE: