

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90176 025 ***150.00

DOCUMENT # L63135

1. Entity Name
CHEMROCK DISTRIBUTORS, INC.



Principal Place of Business
9734 KATY DR
STE 1
HUDSON FL 34667
US

Mailing Address
9734 KATHY DR
STE 1
HUDSON FL 34667
US



2. Principal Place of Business

9718 KATY DR
Suite, Apt. #, etc.
SUITE 5

3. Mailing Address

9718 KATY DR
Suite, Apt. #, etc.
SUITE 5

City & State

HUDSON - FL

City & State

HUDSON FL

Zip
34667

Country
U.S.

Zip
34667

Country
U.S.

4. FEI Number **59-3005926**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHAUER, WARREN
9734 KATY DRIVE
SUITE 1
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name **WARREN SCHAUER**
Chemrock Distributors, Inc
Street Address (P.O. Box Number is Not Acceptable)
9718 KATY DR SUITE 5
City **HUDSON** FL **34667**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCHAUER, WARREN**
STREET ADDRESS **13286 DON LOOP**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **TS** ☐ Delete
NAME **SCHAUER, DOROTHY B.**
STREET ADDRESS **13286 DON LOOP**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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 attachment with an address, with all other like empowered.

SIGNATURE: **WARREN SCHAUER** 1/31/03 727-863-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)