

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000335**

1. Entity Name

PHOSCHEM CONTRACT SERVICES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG - 4 PM 2:48

Principal Place of Business

2165 HIGHWAY 37 SOUTH
MULBERRY FL 33860

Mailing Address

2165 HIGHWAY 37 SOUTH
MULBERRY FL 33860

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3440467

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROST, JOHN W II
395 SOUTH CENTRAL AVE.
BARTOW FL 33830

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **MCRM** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **PHOSCHEM SUPPLY CO.**
2165 HIGHWAY 37 SOUTH
MULBERRY FL 33860

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **100003354001--3**
-08/11/00--01080--007
*******50.00 *****50.00**

TITLE
NAME **MCRM** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **MEARS, CARL E**
2165 HIGHWAY 37 SOUTH
MULBERRY FL 33860

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JOHN E. SCHINDLER CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/10/00 (863)425-3058

CR2E083 (5/00)