

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002557

1. Entity Name

SOURCE CHEMICAL, L.L.C.

FILED

00 JAN 20 PM 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

16316 BRISTOL POINTE DRIVE  
DELRAY BEACH FL 33446

Mailing Address

16316 BRISTOL POINTE DRIVE  
DELRAY BEACH FL 33446-2309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEL Number  
105-0918914

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.  
4501 NORTH TAMiami TRAIL, SUITE 300  
NAPLES FL 34103

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.

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/MEMBERS

TITLE MGR  
NAME CHARLSE WATT CHEMICAL, INC.  
STREET ADDRESS 16316 BRISTOL POINTE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE  
NAME *Domin Chait Inc. MGR*  
STREET ADDRESS *2255 Gladys Rd.*  
CITY-ST-ZIP *Boca Raton, FL 33431*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003118159--8  
-02/01/00--01056--024  
\*\*\*\*\*55.00

TITLE  
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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #