

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005262

1. Entity Name

CHLORALKALI CONSULTANTS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:07

Principal Place of Business

4154 SINCLAIR PLACE
LAND O LAKES FL 34607

Mailing Address

4154 SINCLAIR PLACE
LAND O LAKES FL 34639-4293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, HARASHAD
4154 SINCLAIR PLACE
LAND O LAKES FL 34607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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 MGRM
NAME PATEL, HARASHAD
STREET ADDRESS 4154 SINCLAIR PLACE
CITY-ST-ZIP LAND O LAKES FL 34607

TITLE MGRM
NAME PATEL, BINDU
STREET ADDRESS 4154 SINCLAIR PLACE
CITY-ST-ZIP LAND O LAKES FL 34607

TITLE
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ADDITIONS / CHANGES

Change Addition

000003121570-0
-02/02/00--01104--014
*****50.00 *****50.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

HARASHAD PATEL

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

1/26/00 910-509-0161

Date

Daytime Phone #