

2001 UNIFORM BUSINESS REPORT (UBR)

U23065 AF

DOCUMENT # L99000005262

1. Entity Name
CHLORALKALI CONSULTANTS, LLC

FILED

01 JAN 17 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4154 SINCLAIR PLACE
LAND O LAKES FL ~~34007~~ 34639

Mailing Address
4154 SINCLAIR PLACE
LAND O LAKES FL ~~34007~~ 34639

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**
59-3597260

Applied For
Not Applicable

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

PATEL, HARASHAD
4154 SINCLAIR PLACE
LAND O LAKES FL ~~34007~~ 34639

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, HARASHAD
4154 SINCLAIR PLACE
LAND O LAKES FL ~~34007~~ 34639 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100003568161--7
-01/23/01--01/23/01
*****50.00 *****50.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
PATEL, BINDU
4154 SINCLAIR PLACE
LAND O LAKES FL ~~34007~~ 34639 ☐ Delete

TITLE
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/15/01 812-235-9053

CR2E083 (11/00)