

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98565

1. Entity Name

AMERI-CHEM JANITORIAL SUPPLY, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90133 021 ***150.00

Principal Place of Business

6152 CLARK CENTER AVE.
SARASOTA FL 34238

Mailing Address

6152 CLARK CENTER AVE.
SARASOTA FL 34238

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0076132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALLWOOD, ROBERT II, PA
1715 STICKNEY POINT RD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name DENNIS S. SILVER

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

8486 S. TAMiami TRAIL

City SARASOTA

Zip Code 34238

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

DENNIS S. SILVER

4-25-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST
NAME FLEMING, BETTY A D
STREET ADDRESS 2616 MOSS OAK DRIVE
CITY-ST-ZIP SARASOTA FL 34231

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty A. Fleming BETTY A. FLEMING

4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)