

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90214 045 ****55.00

DOCUMENT # M99000001640

1. Entity Name
NATIONAL AMERICAN CHEMICALS & EQUIPMENT, LLC



Principal Place of Business

**2508 BUCKHORN TRACE CT.
VALRICO FL 33594**

Mailing Address

**P.O. BOX 309
VALRICO FL 33595-0309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3592426**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CANEZO, RUDY
2508 BUCKHORN TRACE CT.
VALRICO FL 33594**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BELGICA, JOSELITO	
STREET ADDRESS	1709-B PACIFIC AVE.	
CITY-ST-ZIP	ALAMEDA CA 94501	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	AGUINALDO, JULIET	
STREET ADDRESS	18902 BELLFLOWER RD	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RICARDO, NICOLAS	
STREET ADDRESS	11500 SUMMIT WEST BLVD., #14-D	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ROBERT	
STREET ADDRESS	26 MIRASOT ST. TAHAWAN VILLAGE	
CITY-ST-ZIP	BF HOMES, PARANGAQUE MANILA	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	DEMA-ALA, EDWIN	
STREET ADDRESS	312-B TAYLO ST.	
CITY-ST-ZIP	PASAY CITY MAINILA, PHILS	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CANEZO, JOSEFINA G	
STREET ADDRESS	2508 BUCKHORN TRACE CT	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Josefin G. Caneso
JOSEFINA G. CANESO

01-10-03

813-765-5694

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

Date

Daytime Phone #...

CR2E083 (10/02)