

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90180 014 ***150.00

0062615 AV

DOCUMENT # P02000041479

1. Entity Name
BDP INNOVATIVE CHEMICALS COMPANY



Principal Place of Business
**1416 LANGHAM TERRACE
LAKE MARY FL 32746**

Mailing Address
**1416 LANGHAM TERRACE
LAKE MARY FL 32746**

2. Principal Place of Business

Same
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0594841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**1ST INCORPORATORS LLC
7100-39 FAIRWAY DR.
SUITE 200
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name **Charles D Hauke**
Street Address (P.O. Box Number is Not Acceptable)
1416 Langham Terrace
City **Heathrow** FL Zip Code **32746**

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]* DATE **4/24/03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HAUKE, CHARLES D	
STREET ADDRESS	1416 LANGHAM TERRACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	OWNER	<input type="checkbox"/> Delete
NAME	Philip A. Thomas	
STREET ADDRESS	1175 Chantry Pl	
CITY-ST-ZIP	Lake Mary FL 32746	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Jennifer Hauke	
STREET ADDRESS	1416 Langham Terr	
CITY-ST-ZIP	Heathrow, FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/25/03** DAYTIME PHONE **407-804-2567**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)