

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90180 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000115793			
1. Entity Name INNOVATIVE CHEMICAL ENVIRONMENTALLY UNIQUE SOLUTIONS, INC.			
Principal Place of Business 1340 BOCA CIEGA ISLE ST PETERSBURG, FL 33706		Mailing Address 1340 BOCA CIEGA ISLE ST PETERSBURG, FL 33706	
2. Principal Place of Business 305-B SCARLET BLVD State, Apt. #, etc.		3. Mailing Address 305-B SCARLET BLVD State, Apt. #, etc.	
City & State OLDSMAR, FL		City & State OLDSMAR FLORIDA	
Zip 34677	Country PINELLAS	Zip 34677	
4. FEI Number 32-004 3031		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent SPEISER, ERIC 1340 BOCA CIEGA ISLE ST PETERSBURG, FL 33706		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 <i>[Signature]</i> 4/18/03 Signature, register printed name of registered agent and office applicable. (NONE Registered Agent Signature required unless otherwise indicated)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPEISER, ERIC 1340 BOCA CIEGA ISLE ST PETERSBURG, FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST CANAVAN, JOHNETTA 1340 BOCA CIEGA ISLE ST PETERSBURG, FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEISER, BOB 1340 BOCA CIEGA ISLE ST PETERSBURG, FL 33706 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 life empowered. SIGNATURE: <i>[Signature]</i> TEMP. 4-18-03 (12) 9344837 Signature and Title of Print Name of Signing Officer on Block 10 Date			

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CRS034 (1/02)