

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03139

1. Entity Name

LUCIER CHEMICAL INDUSTRIES, LTD., INCORPORATED

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90027 001 ***300.00

Principal Place of Business

Mailing Address

415 PABLO AVE N
P.O. BOX 49000
JACKSONVILLE FL 32240-0000
US

415 PABLO AVE N
P.O. BOX 49000
JACKSONVILLE FL 32240-9000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3158103

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEA, VINCENT J
13600 EMERALD COVE CT
JACKSONVILLE FL 32225

Name D. SHAWN BUFFALOE

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

415 PABLO AVENUE NORTH

City JACKSONVILLE BEACH, FL Zip Code 32250

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.

D. SHAWN BUFFALOE

CHIEF FINANCIAL OFFICER

MAY 22, 2000

SIGNATURE D. Shawn Buffalo
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME CD
STREET ADDRESS MESSERLIE, DAVID
CITY-ST-ZIP 201 TWELVE OAKS
PONTE VEDRA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LUCIER, ROBERT
CITY-ST-ZIP 15 ONEIDA RD
ACTON MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KOLODZIEJ, DEBORAH
CITY-ST-ZIP 19 FAIRVIEW DR
SOUTHBORO MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS EKSTROM, BRUCE
CITY-ST-ZIP 107 LINKS RD
MARTHASVILLE MO

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS LUCIER, NANCY J
CITY-ST-ZIP 109 CANNON CT W
PONTE VEDRA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

DAVID P. MESSERLIE

CHAIRMAN

MAY 22, 2000 (904) 241-1200

SIGNATURE: David P. Messerlie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)