## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 21, 2002 8:00 am Secretary of State DOCUMENT # P03567 1. Entity Name CHEM VALLEY MACHINE INC. 02-21-2002 90161 038 \*\*\*150.00 Principal Place of Business Mailing Address 1401 FIRST AVENUE 1401 FIRST AVENUE **NITRO WV 25143** NITRO WV 25143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 55-0456550 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ken Speight HARPER, DOUG Street Address (P.O. Box Number is Not Acceptable) 1127 NE 28TH AVENUE **OKEECHOBEE FL 33474** 2791 NE 11th Ct #19 City Okeechobee 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. Speight/7 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME ARMSTRONG, DAN F. NAME STREET ADDRESS 44 RIVERVIEW DR STREET ADDRESS CITY-ST-7IP WINFIELD WV CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition ARMSTRONG, GEORGE F. NAME STREET ADDRESS 3025 WINFIELD ROAD STREET ADDRESS CITY-ST-ZIP WINFIELD WV CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME ARMSTRONG, NORMA F. NAME STREET ADDRESS 44 RIVERVIEW DR STREET ADDRESS CITY-ST-ZIP WINFIELD WV CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE Daytime Phone #

changed, or on an attact

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

**FILED** 

CR2E034 (9/01)