

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22671

1. Entity Name

CHEM LAB PRODUCTS, INCORPORATED

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90005 030 ***150.00

Principal Place of Business

Mailing Address

1575 DELUCCHI LANE, SUITE #103
RENO NV 89502
US

1575 DELUCCHI LANE, SUITE #103
RENO NV 89502-6580
US

CO



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-2013542

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

CHRISTENSEN, DAVID
8410 SE 7TH AVENUE ROAD
OCALA FL 34480

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.

SIGNATURE

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 PD ☐ Delete
NAME HITCHENS, RANDALL
STREET ADDRESS 5770 W BROOKDALE DR
CITY-ST-ZIP RENO NV 89523

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

TITLE VD ☐ Delete
NAME CHRISTENSEN, DAVID
STREET ADDRESS 8410 SE 7TH AVENUE
CITY-ST-ZIP Ocala FL

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

TITLE SD ☐ Delete
NAME SCHONK, DEBRA
STREET ADDRESS 23626 AIROSA PL
CITY-ST-ZIP MORENO VALLEY CA 92557

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

TITLE VD ☐ Delete
NAME CHRISTENSEN, JOHN A.
STREET ADDRESS 2909 WILDERNESS CIR.
CITY-ST-ZIP CORONA CA

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

TITLE DV ☐ Delete
NAME ZILER, LAUREN
STREET ADDRESS 3951 REGAL DR.
CITY-ST-ZIP RENO NV

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall H. Hitchens
RANDALL H. HITCHENS

1/24/00
Date

775-8254441
Daytime Phone #

CR2E034 (9/99)