

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90741 043 \*\*\*150.00

**DOCUMENT # P34884**

1. Entity Name  
**CHEMICAL LIME COMPANY OF ALABAMA, INC.**



Principal Place of Business  
**3700 HULEN**  
**FT. WORTH TX 76107**  
**US**

Mailing Address  
**P.O. BOX 985004**  
**FT. WORTH TX 76185-5004**  
**US**



2. Principal Place of Business  
**3700 Hulen Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 985004**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Fort Worth, TX**

City & State  
**Fort Worth, TX**

4. FEI Number  
**63-1002780**

Applied For  
Not Applicable

Zip  
**76107**

Country  
**US**

Zip  
**76185-5004**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

Name  
**The Prentice Hall Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**110 N Magnolia Street**  
City  
**Tallahassee** **FL** Zip Code  
**32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REILLY, DAVID M. 3700 HULEN FT. WORTH TX 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGHMANS, JEAN-PIERRE 3700 HULEN ST FORT WORTH TX 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LHOIST, LEON-ALBERT 3700 HULEN ST FORT WORTH TX 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EHLE, JAMES L. 3700 HULEN FT. WORTH TX 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORDIN, BOB 3700 HULEN STREET FORT WORTH TX 76107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BARNISH, STEPHEN 3700 HULEN ST FORT WORTH TX 76107	<input type="checkbox"/> Delete

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

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)