

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 08, 2001 8:00 am  
Secretary of State**

01-08-2001 90013 050 \*\*\*150.00

**DOCUMENT # P93000062895****1. Entity Name  
INTERNATIONAL CHEMICAL SOUTH, INC.****Principal Place of Business**  
4340 N.W. 19TH AVENUE  
BLDG. 8 UNIT C  
POMPANO FL 33064  
US  
**Mailing Address**  
P.O. BOX 4667  
DEERFIELD BEACH FL 33442**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0447444 **Applied For**  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**DALE, DONALD  
23371 MIRABELLA CIR S  
BOCA RATON FL 33433**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.****SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** P ☐ Delete  
**NAME** DALE, DONALD  
**STREET ADDRESS** 23371 MARABELLA CIRCLE SOUTH  
**CITY-ST-ZIP** BOCA RATON FL 33433**TITLE** VP ☐ Delete  
**NAME** DALE, VICKI  
**STREET ADDRESS** 23371 MARABELLA CIRCLE SOUTH  
**CITY-ST-ZIP** BOCA RATON FL 33433**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**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:** *Luke Dale*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

1-2-01 8003654590

CR2E034 (10/00)