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2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P95000005239 LEHIGH CHEMICAL CONSULTING, INC. 04-17-2001 90074 010 ***150.00 Principal Place of Business Mailing Address 1504 E 59TH STREET 1504 E 9TH ST LEHIGH ACRES FL 33972 LEHIGH ACRES FL 33972 Undangal! 2. Principal Place of Business 3. Mailing Address 1504 E 9th Street Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0563428 ماءرمك Not Applicable Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Florida 33972 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIBERTY HOMES, CONSULTING Street Address (P.O. Box Number is Not Acceptable) 950 N COLLIER BLVD STE 301/ G. PELZER MARCO ISLAND FL 34145 City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F 5034 (10/00) 📈 Delete TITLE Change Change ☐ Addition DREXL, FRANZ NAME NAME STEAUBHAAR, GUENTHER 1508 E 9TH ST STREET ADDRESS 1504 E9th Street STREET ADDRESS LEHIGH ACRES FL 33972 CITY-ST-ZIP CITY-ST-ZIP Delete DREXL, JUTTA NAME T Chang NAME STREET ADDRESS 1508 E 9TH ST STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33972 CHTY-ST-ZIP TITLE ☐ Delete TITLE NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME [] Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Straubhaar 04/07/01