

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90086 004 \*\*\*150.00

**DOCUMENT # P96000011267**

1. Entity Name  
**BIOCHEM TECHNOLOGIES, INC.**

Principal Place of Business  
**C/O ATLANTIC FILTER CORPORATION**  
**3112 45TH ST.**  
**WEST PALM BEACH FL 33407**

Mailing Address  
**C/O ATLANTIC FILTER CORPORATION**  
**3112 45TH ST.**  
**WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **65-0641661**

Applied For

Not Applicable

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

**THIBADEAU, PAUL**  
**324 ROYAL PALM WAY, STE. 201**  
**PALM BEACH FL 33480**

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, 2002 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 **D**  
NAME **KIMMEL, RONALD C**  
STREET ADDRESS **301 NE 2ND ST.**  
CITY-ST-ZIP **BELLE GLADE FL 33430**

☒ Delete

TITLE **D**  
NAME **SCHERER, JAMES F**  
STREET ADDRESS **11644 LANDING PL.**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

☐ Delete

TITLE **D**  
NAME **WAKEM, JAMES W II**  
STREET ADDRESS **855 COUNTRY CLUB DR.**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

☐ Delete

TITLE **D**  
NAME **BALDRICA, ROBERT G**  
STREET ADDRESS **11644 LANDING PL.**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

☐ Delete

TITLE **D**  
NAME **PELLINGTON, GEORGE S JR.**  
STREET ADDRESS **2304 OXFORD CT.**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/01)