2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90032 017 ***158.75

DOCUMENT # P96000044037

1. Entity Name
TRI-CHEM, INC.

Principal Place of Business	Mailing Address
646 GOLDEN SUNSHINE CIRCLE ORLANDO FL 32807	P.O. BOX 4038 WINTER PARK FL 32793-4038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2200 Forsyth Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando FL		City & State	
Zip: 32807	Country: USA	Zip	Country

4. FEI Number 59-3382640 ☐ 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
GEORGE, THOMAS A 646 GOLDEN SUNSHINE CIRCLE ORLANDO FL 32807	Name: George, Thomas A Street Address (P.O. Box Number is Not Acceptable): 2200 Forsyth Road City: Orlando Zip Code: 32807

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] Thomas A. George 04/16/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEORGE, THOMAS A ~~646 GOLDEN SUNSHINE CIRCLE~~ ORLANDO FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2200 Forsyth Road	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, CHARLES 6306 SW CARLTON AVENUE ARCADIA FL 34266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] Thomas A. George 04/16/01 407 679-8040 407 493-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)