2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000086426**

AEROCHEM CORPORATION

Principal Place of Business	Mailing Address
4004 SW 180 ST	PO BOX 90087 GAINESVILLE FL 32607-0087 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90110 022 ***150.00

1004 SW 180 ST PO BOX 90087 TWOCHRY FL 32669 GAINESVILLE FL 32607-0087 US								
							(# 8))) (# 8)	
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRI	TE IN THIS SF	ACE .	ē	
City & Stat	re	City & State		4. FEI Number 50.044000		Ap	plied For	
				59-341896			t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired		8.75 Add		
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New F	legistered Ag	ent		
_			Name					
ENWALL, PETER C 2622 NW 43RD ST			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
	E B-3				_			
GAIN	NESVILLE FL 32606		City		FL	Zip Cod	e	
SIGNATURE .	Signature, typed or printed name of registered agent at	T	E: Registered Agent signature in	equired when reinstating)	DATE			
Tax filing requirement and elects to do so. After M		After MAY 1, 20	!!! FEE IS \$150.00 i00 Fee will be \$550 ble to Department of	State	ın. 🗆	Àdded	May Be I to Fees	
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, BRUCE F 4004 SW 180 ST NEWBERRY FL 32669	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHANZE, KIRK S 5523 SW 92ND WAY GAINESVILLE FL 32608	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		J . =-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby		☐ Deletę	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

13. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR