

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000086426**1. Entity Name
AEROCHEM CORPORATION

Principal Place of Business	Mailing Address
4004 SW 180 ST	PO BOX 90087
NEWBERRY FL 32669 US	GAINESVILLE FL 32607 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3418961

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ENWALL PETER C**
2622 NW 43RD ST
SUITE B-3
GAINESVILLE FL 32606 US**7. Name and Address of New Registered Agent**

Name	ENWALL PETER C
Street Address (P.O. Box Number is Not Acceptable)	2790 NW 43RD ST
SUITE 200	
City	GAINESVILLE FL
Zip Code	32606

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 _____ **09/07/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHANZE KIRK S	
STREET ADDRESS	5523 SW 92ND WAY	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL BRUCE F	
STREET ADDRESS	4004 SW 180 ST	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bruce F Carroll**D****09/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)