

2001 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 13, 2001 8:00 am
Secretary of State

08-16-2001 90005 025 ***150.00
 09-13-2001 90016 039 ***400.00

DOCUMENT # P97000017721

1. Entity Name
CHEMDROPS, INC.

Principal Place of Business
4336 CLOVERLEAF DR
CASSELBERRY FL 32707

Mailing Address
4336 CLOVERLEAF DR
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Casselberry FL

4. FEI Number **59-3429447**

Applied For
 Not Applicable

Zip

Country

Zip
32718-1973

Country
USA

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

CHAPMAN, VICTOR L
255 S ORANGE AVE
ORLANDO FL 32801

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, 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
D
DENIS, JULIO V
4336 CLOVERLEAF DR
CASSELBERRY FL 32707

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DST
DENIS, DESIREE
845 STAFFORD TERRACE #142
ALTAMONTE SPRINGS FL 32714

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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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Julio V. Denis

02-04-01

CP25034 (11/00)