FILED
Jun 27, 2002 8:00 am
Secretary of State
05-27-2002 90435 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076614

1. Entity Name

Chem-Source, Inc.

95374

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4725 Lakeland Commerce Pkway	9600 W Sample Rd 304
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Coral Springs FL
Zip: 33805 Country: USA	Zip: 33065 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0779465 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Cal Eshbach

Street Address (P.O. Box Number is Not Acceptable)

9600 W Sample Rd 304

City: Coral Springs FL Zip Code: 33065

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: Cal J. Eshbach DATE: 4/30/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Cal Eshbach
STREET ADDRESS	4725 Lakeland Commerce Pkway 3
CITY-ST-ZIP	Lakeland FL 33805
TITLE	VPD
NAME	Connie Eshbach
STREET ADDRESS	4725 Lakeland Commerce Pkway 3
CITY-ST-ZIP	Lakeland FL 33805
TITLE	D
NAME	Dennis Greene
STREET ADDRESS	6005 Hudson Bend Rd
CITY-ST-ZIP	Austin TX 78734
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Connie M Eshbach CONNIE M. ESHBACH 6-12-02 863-221-1600

SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

Vice President-Operations