

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90149 029 \*\*\*550.00

**DOCUMENT # P97000096421**

1. Entity Name  
**HEMTROL, INC.**

Principal Place of Business  
**C/O UNICORN LABORATORIES**  
**12385 AUTOMOBILE BLVD**  
**CLEARWATER FL 33762**  
**US**

Mailing Address  
**C/O UNICORN LABORATORIES**  
**12385 AUTOMOBILE BLVD**  
**CLEARWATER FL 33762**  
**US**

2. Principal Place of Business  
**500 5th Ave S. #522**  
 Suite, Apt. #, etc.

3. Mailing Address  
**c/o R. Santerre 500 5th Ave S #**  
**522**  
 Suite, Apt. #, etc.

City & State  
**Naples FL**  
 Zip  
**34102**

Country  
**USA**

City & State  
**Naples FL**  
 Zip  
**34102**

Country  
**USA**

4. FEI Number  
**59-3483402**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ENGLANDER, LEONARD S ESQ.**  
**5959 CENTRAL AVENUE**  
**SUITE 201**  
**ST. PETERSBURG FL 33710**

## 7. Name and Address of New Registered Agent

Name  
**Donald Reed**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 2nd Ave S. 200 S**  
 City  
**St Petersburg** **FL** Zip Code  
**33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Donald P. Reed** **DONALD P. REED**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**8/16/02**  
 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 \$550.00 -**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **P** ☒ Delete  
 NAME **SANTERRE, BARRY J**  
 STREET ADDRESS **12385 AUTOMOBILE BLVD**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition  
 NAME **Richard Santerre**  
 STREET ADDRESS **500 5th Ave S. #522, Naples FL 34102**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
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 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: **Richard Santerre**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/8/02 239 262 2800**  
 Date Daytime Phone #

CR2E034 (4/02)