

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90021 008 \*\*\*150.00

**DOCUMENT # P97000104241**

**1. Entity Name**  
**DELL CHEMICAL CO.**

**Principal Place of Business** **Mailing Address**  
**19489 WATERS REACH CT. #101** **P.O. BOX 811436**  
**BOCA RATON FL 33434** **BOCA RATON, FL 33481**

**2. Principal Place of Business** **3. Mailing Address**  
**1182 Boca Woods LN** **Suite, Apt. #, etc.**  
**BOCA RATON FL 33428** **ABOVE**

**City & State** **City & State**  
**BOCA RATON FL** **BOCA RATON FL**  
**Zip** **Country** **Zip** **Country**  
**33428** **FL** **33428** **FL**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **22-3202034** **Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**LOMBARDI, JOSEPH**  
**19489 WATERS RANCH CT. #101**  
**BOCA RATON FL 33434**

**7. Name and Address of New Registered Agent**  
**Name** **LOMBARDI, JOSEPH**  
**Street Address (P.O. Box Number is Not Acceptable)** **1182 Boca Woods LN.**  
**City** **BOCA RATON** **FL** **Zip Code** **33428**

**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** *Joseph Lombardi* **DATE**

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>LOMBARDI, JOSEPH</b>	
<b>STREET ADDRESS</b>	<b>19489 WATERS REACH CT. #101</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33434</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>DEGNAN, BARBARA</b>	
<b>STREET ADDRESS</b>	<b>19489 WATERS REACH CT. #101</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33434</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ROMANO, JOSEPH</b>	
<b>STREET ADDRESS</b>	<b>19489 WATERS REACH CT. #101</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33434</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<b>JOSEPH LOMBARDI</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>PRES.</b>	
<b>STREET ADDRESS</b>	<b>1182 Boca Woods LN</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33428</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>BARBARA DEGNAN</b>	
<b>STREET ADDRESS</b>	<b>11007 Boca Woods LN</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33428</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>JOSEPH ROMANO</b>	
<b>STREET ADDRESS</b>	<b>1182 Boca Woods LN</b>	
<b>CITY-ST-ZIP</b>	<b>BOCA RATON FL 33428</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 officers empowered.**

**SIGNATURE:** *Joseph Lombardi* **JOSEPH LOMBARDI** **1/3/01** **561-487-4950**  
**DATE** **DAYTIME PHONE #**

CR2E034 (10/00)