2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P98000022749 1. Entity Name ALLCHEM INDUSTRIES PETROLEUM CHEMICALS GROUP, IN 03-21-2000 90105 045 ***158.75 Mailing Address Principal Place of Business 6010 N.W. 1ST PLACE 6010 N.W. 1ST PLACE GAINESVILLE FL 32607 GAINESVILLE FL 32607-6018 0 4 1000 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City, & State 4. FEI Number Applied For 59-3497894 Not Applicable 7in Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent () cese MINER, CHARLES D Number is Not Acceptable) 105 EAST ROBINSON STREET SUITE 501 ORLANDO FL 32801 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE PTD ☐ Delete Change NAME FELDSTEIN, JOSH STREET ADDRESS STREET ADDRESS 6010 N.W. 1ST PLACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Change ☐ Addition VPSD Delete TITLE TITLE NAME CALAIS, JAMES NAME STREET ADDRESS STREET ADDRESS 6010 N.W. 1ST PLACE CITY-ST-ZIP CITY-ST-ZIE **GAINESVILLE FL 32607** Olcese ☐ Delete TITLE TITLE NAME NAME 60 10 NW PIRST PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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