

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031036

1. Entity Name

MAGNACHEM CORPORATION

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90035 031 ***150.00

Principal Place of Business
5380 GULF OF MEXICO DRIVE SUITE 105-404
LONGBOAT KEY FL 34228

Mailing Address
5380 GULF OF MEXICO DRIVE SUITE 105-404
LONGBOAT KEY FL 34228-2048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-3037735

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DONICA, HERBERT R ESQ
201 EAST KENNEDY BLVD SUITE 1500
TAMPA FL 33602

Name Noel K. Evans, Esq.

Street Address (P.O. Box Number is Not Acceptable)
109 N. Brush Street, #400

City TAMPA

FL

Zip Code 33602

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

3/7/2000

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, 2000 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 P
NAME SCHWARTZ, ROBERT G
STREET ADDRESS 575 SANCTUARY DR., A104
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE VP
NAME SCHWARTZ, BARBARA M
STREET ADDRESS 575 SANCTUARY DR., A104
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Schwartz President 2/21/2000

Date

Daytime Phone #

9413893178

CR2F034 (9/99)