

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062902

1. Entity Name

TRI-STATE CHEMICALS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90026 005 ***150.00

Principal Place of Business

Mailing Address

6055 N. WICKHAM ROAD, STE. 152
MELBOURNE FL 32940
US

6055 N. WICKHAM ROAD, STE. 152
MELBOURNE FL 32940
US

2. Principal Place of Business

3. Mailing Address

~~2485 Jen Drive~~
Suite, Apt. #, etc.

~~6055 N. Wickham Rd.~~
Suite, Apt. #, etc.

PMB-152

City & State

City & State

Melbourne, Florida

Melbourne, Florida

Zip
32940

Country
USA

Zip
32940

Country
USA

4. FEI Number **52-2102145**

Applied For
☐ Not Applicable

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

CAMPBELL, WILLAM
2475 #10 JEN DRIVE
MELBOURNE FL 32940

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

2485 Jen Drive

City **Melbourne,** **FL** Zip Code **32940**

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 **William Campbell** *William Campbell* **April, 01 2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP MACDONALD, JOHN 2475 #10 JEN DRIVE MELBOURNE FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Allan Black 2485 Jen Drive Melbourne, FL. 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MacDonald, John 2485 Jen Drive Melbourne, FL. 32940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Allan Black 2485 Jen Drive Melbourne, FL. 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: *J.P. John Mac Donald*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April, 01 2000/321-752-4058

Date Daytime Phone #

CR2E034 (9/99)