

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000019914

1. Entity Name

FLORIDA PERMA-CHEM, INC.

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-15-2000 90278 039 ***150.00

Principal Place of Business

Mailing Address

1940 NW 67TH PL
GAINESVILLE FL 32653

1940 NW 67TH PL
GAINESVILLE FL 32653-1649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CENTOFANTI, LOUIS F	
STREET ADDRESS	6075 ROSWELL STE 602	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZWECKER, MARK A	
STREET ADDRESS	4476 PARK DR	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORLIN, STEVE	
STREET ADDRESS	150 GULF SHORE DR #601	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLIN, JON	
STREET ADDRESS	13 MEADOW LANE	
CITY-ST-ZIP	OLD BRIDGE NJ 08857	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, THOMAS	
STREET ADDRESS	1021 HARVARD ROAD	
CITY-ST-ZIP	GROSSE POINTE PARK, MI	
TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELECY, RICHARD T.	
STREET ADDRESS	1940 NW 67TH PLACE, SUITE A	
CITY-ST-ZIP	GAINESVILLE, FL 32653	

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]

RICHARD T. KELECY

04/26/00

352-373-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)