

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90076 022 ***150.00

DOCUMENT # P99000028987

1. Entity Name

AURORA SPECIALTY CHEMICALS, INC.

Principal Place of Business

Mailing Address

3879 NE SKYLINE DRIVE
 JENSEN BEACH FL 34957

3879 NE SKYLINE DRIVE
 JENSEN BEACH FL 33588-9701

2. Principal Place of Business

3. Mailing Address

2318 SW Fern Cir

2318 SW Fern Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

65-0916102

Applied For

Not Applicable

34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REGUTTI, ROBERT
 3879 NE SKYLINE DRIVE
 JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name *LaChetia Burrell*
 Street Address (P.O. Box Number is Not Acceptable)
 2318 SW Fern Circle
 City *Port St. Lucie* FL Zip Code *34953*

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

LaChetia A. Burrell

3-6-00

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	REGUTTI, ROBERT	
STREET ADDRESS	3879 NE SKYLINE DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	REGUTTI, CAROL	
STREET ADDRESS	3879 NE SKYLINE DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	336 E Jefferson Street
CITY-ST-ZIP	Spring Green, WI 53588
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	336 E Jefferson Street
CITY-ST-ZIP	Spring Green, WI 53588
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3. 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

Robert C. Regutti
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-00

Date

608-588-3950

Daytime Phone #

CR2E034 (9/99)