

# 2000 UNIFORM BUSINESS REPORT (UBR)

6.

**FILED**

**Jul 13, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90482 043 \*\*\*150.00

**DOCUMENT # P99000066036**

1. Entity Name

PRINCE CHEMICALS INC

R

Principal Place of Business

2421 NW 16TH LANE  
POMPANO BEACH FL 33064

Mailing Address

2421 NW 16TH LANE  
POMPANO BEACH FL 33064-1541

2. Principal Place of Business

2520 NW 16th Lane  
Suite, Apt. #, etc.  
#2

3. Mailing Address

2520 NW 16th Lane  
Suite, Apt. #, etc.  
#2

City & State

Pompano Beach FL  
Zip  
33064  
Country  
USA

City & State

Pompano Beach FL  
Zip  
33064  
Country  
USA

4. FEI Number

65-0940504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRINCE, JOANNE  
2610 NE 9TH AVE.  
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

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	President	<input type="checkbox"/> Delete
NAME	JOANNE Prince	
STREET ADDRESS	2610 NE 9 AVE	
CITY-ST-ZIP	Pompano FL 33064	
TITLE	Secretary-treasurer	<input type="checkbox"/> Delete
NAME	Robert Ian Prince	
STREET ADDRESS	2610 NE 9 AVE	
CITY-ST-ZIP	Pompano FL 33064	
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 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
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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		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 (954) 970-5009  
Date Daytime Phone #

CR2E034 (9/99)