

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90065 015 ***150.00

DOCUMENT # S00547

1. Entity Name
CHEM-PRO CORP.

Principal Place of Business
1570 N.E. 131 STREET
BAY C
NORTH MIAMI FL 33161

Mailing Address
1570 N.E. 131 STREET
BAY C
NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0222155**

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

LANEY, ROBERT G.
1570 N.E. 131 STREET
BAY C
NORTH MIAMI FL 33161

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]*
 Signature, typed or printed name of registered agent and title if app

Estes GOLD MEDAL Expedited Service
Guaranteed On Time Or It's Free
1-800-645-3952

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **M**

ction Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Line 8 was signed in error

11. OFFICERS AND DIRECTORS

CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **LANEY, ROBERT G.**
 STREET ADDRESS **1570 NE 131 ST**
 CITY-ST-ZIP **NORTH MIAMI FL**

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

2/5/02

Date

305 891-7745

Daytime Phone #

CR2E034 (9/01)