2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State
01-14-2000 90027 040 ***150.00

DOCUMENT # S00754

1. Entity Name

MERIT CHEMICAL COMPANY

Principal Place of Business	Mailing Address
1532 KINGSLEY AVE. SUITE 105 ORANGE PARK FL 32067 US	P.O. BOX 1685 ORANGE PARK FL 32067-1685 US

B0001811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 369 Blandiwy ~~Ave~~ Blvd.	3. Mailing Address: Same
Suite, Apt. #, etc.: Suite N-26	Suite, Apt. #, etc.
City & State: Orange Park	City & State
Zip: 32073 / Country: Clay	Zip / Country

4. FEI Number 59-3030219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional *Fee Required*

6. Name and Address of Current Registered Agent

CHESTANG, BOBBY G.
1532 KINGSLEY AVE.
STE 105
ORANGE PARK FL 32073

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHESTANG, BOBBY GLEN	NAME	
STREET ADDRESS	2451 WHIPPOORWILL LANE	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHESTAND,BRADLEY DEWIGHT	NAME	
STREET ADDRESS	2451 WHIPPOORWILL LANE	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Bobby G. Chestang ______ Jan 5, 2000 ______ 904-276-646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #