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2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trus changed, or on an attachment with an

SIGNATURE:

Jan 31, 2002 8:00 am V21508 DOCUMENT # **Secretary of State** 1. Entity Name 01-31-2002 90122 028 ***150 00 SAFECHEM CHEMICAL CO., INC. Principal Place of Business Mailing Address 515 N FLAGLER DRIVE 515 N FLAGLER DRIVE SUITE 300P SUITE 300P WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0137762 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AZIS, JEFFREY A. Street Address (P.O. Box Number is Not Acceptable) 515 N FLAGLER DRIVE **STE 3008** WEST PALM BEACH FL 33401 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **DPVS** ☐ Addition TITLE Change TITLE ☐ Delete AZIS. JEFFREY A. NAME NAME 515 N FLAGLER DRIVE STE 3008 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director b execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is fue and