

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90210 043 ***150.00

DOCUMENT # V51541 1. Entity Name U.S. INDUSTRIAL CHEMICAL, CORPORATION					
Principal Place of Business HC 2 BOX 54 BRISTOL, FL 32321			Mailing Address HC 2 BOX 54 BRISTOL, FL 32321		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3632781	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATCHER, SAMUEL T HC 2 BOX 54, HWY. C-270 NORTH BRISTOL, FL 32321			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning)					
FILE NOW!! - FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HATCHER, SAMUEL T HC 2 BOX 54, HWY. C-270 NORTH BRISTOL, FL 32321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____ DATE: <u>April 28, 2003</u> TELEPHONE: <u>(850) 643-2653</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2034 (10/02)