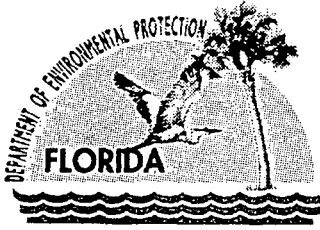


EMISSION FEE DATES *2002-2003*
NO ACTIVITY FOR FACILITY...*✓*...
SOC REPORTS

COMP. STATUS - SNC MNC IN



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

May 27, 2004

Mr. Robert P. Maier
Preferred Chrome, Inc.
8549 Rees Street
Port Richey, Florida 34668

Re: Facility No.: 1010381-002

Dear Mr. Maier:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on April 21, 2004.

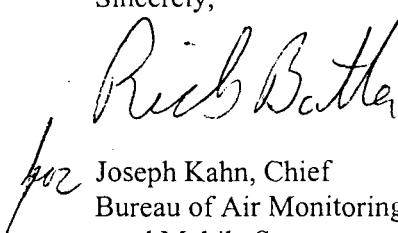
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,


for Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Joel Smolen, Southwest District

"More Protection, Less Process"

Printed on recycled paper.

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
 APR 21 2004
 Bureau of Air Monitoring
 & Mobile Sources

Part III. Notification of Intent to Use General permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>PREFERRED CHROME, INC.</i>
2. Site Name (For example, plant name or number): <i>PREFERRED CHROME, INC.</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: <i>8549 REES STREET</i> Street Address: <i>PORT RICHEY</i> County: <i>PASCO</i> Zip Code: <i>34668</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>1010381-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>ROBERT P. MAIER</i> Title: <i>GENERAL MANAGER</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>PREFERRED CHROME, INC.</i> Street Address: <i>8549 REES STREET</i> City: <i>PORT RICHEY</i> County: <i>PASCO</i> Zip Code: <i>34668</i>
8. Responsible Official Telephone Number: Telephone: <i>(727) 847-5447</i> Fax: <i>(727) 847-5449</i>

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -

Issued 3/28/2002

Facility Information

1.a. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

HARD CHROMIUM PLATING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator
 WA = wetting agent

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
* 2-6-04	New/Existing	FUME SUPP		<45 DVNES
	New/Existing	(FS/WA)		
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

* FORMER OWNER BOUGHT TANKS - 04/27/2001

Key for Control Device Type

PBS = packed-bed scrubber
CMP = composite mesh pad
PBS/CMP = packed-bed scrubber and composite mesh pad
FS = fume suppressant only
FS/WA = fume suppressant with a wetting agent
FM = fiber-bed mist eliminator
WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm
y = 45 dynes/cm
z = records of bath components
(trivalent Cr tanks only)
c = alternative standard for multiple tanks
under common control

2. Indicate the date by which the facility must meet the requirements of paragraph (5) of Part II:
(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

The facility will conduct an initial performance test
 The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

4. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- | | | | |
|----------------------------------------------------------------------|------------------------------------------------|------------------------------------------|------------------------------------------------|
| (a) Equipment maintenance | <input checked="" type="checkbox"/> <i>RAM</i> | (b) Equipment inspection and repair | <input type="checkbox"/> |
| (c) Equipment malfunctions | <input checked="" type="checkbox"/> <i>RAM</i> | (d) Operation and maintenance checklist | <input type="checkbox"/> |
| (e) Instrument calibration
(used during initial performance test) | <input type="checkbox"/> | (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> <i>RAM</i> |
| (g) Performance test results | <input type="checkbox"/> | (h) Equipment monitoring | <input type="checkbox"/> |
| (i) Excess emissions | <input checked="" type="checkbox"/> <i>RAM</i> | (j) Operating periods | <input checked="" type="checkbox"/> <i>RAM</i> |
| (k) Rectifier capacity | <input type="checkbox"/> | (l) Fume suppressant records | <input checked="" type="checkbox"/> |
| (m) Purchase records of wetting agent components | <input checked="" type="checkbox"/> | | |

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are: _____

No DEP air permits currently exist for the operation of the facility indicated in this notification form.

PRIOR OWNER MARK J. ZAMSKY HELD # 1010381-001. I, ROBERT P. MAIER, SPOKE WITH RICK PENNINGTON @ 850-921-9586 AND WAS TOLD THAT THIS NUMBER WOULD BE RE-ISSUED TO THIS FACILITY SINCE I PURCHASED AN ON-GOING ENTERPRISE.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

ROBERT P MAIER

Print name of responsible official



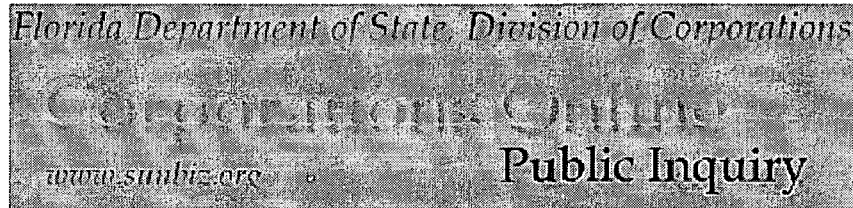
Signature

4-19-04

Date

Grant, Patricia

From: Bradley, Christopher
Sent: Friday, March 16, 2007 4:12 PM
To: Grant, Patricia
Subject: Preferred Chrome

**Florida Profit****PREFERRED CHROME, INC.**

PRINCIPAL ADDRESS
 8549 REES STREET
 PORT RICHEY FL 34668

MAILING ADDRESS
 8549 REES STREET
 PORT RICHEY FL 34668

Document Number P04000061946	FEI Number 300243105	Date Filed 04/12/2004
State FL	Status INACTIVE	Effective Date NONE
Last Event ADMIN DISSOLUTION FOR ANNUAL REPORT	Event Date Filed 09/15/2006	Event Effective Date NONE

Registered Agent

Name & Address	
MAIER, ROBERT P 8549 REES STREET PORT RICHEY FL 34668	
Officer/Director Detail	Title

Name & Address	
MAIER, SUSAN L 10656 CASEY DRIVE NEW PORT RICHEY FL 34654	
D	
Annual Reports Report Year	Filed Date
2005	09/06/2005

[Previous Filing](#)
[Return to List](#)
[Next Filing](#)
[View Events](#)

 No Name History Information

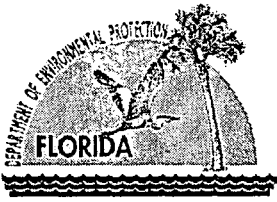
Document Images

Listed below are the images available for this filing.

04/06/2006 -- Off/Dir Resignation 09/06/2005 -- ANNUAL REPORT 04/12/2004 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry



Department of Environmental Protection

Charlie Crist
Governor

Division of Air Resource Management
2600 Blair Stone Road, MS 5510
Tallahassee, Florida 32399-2400

Michael W. Sole
Secretary - Designee

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1010381
PREFERRED CHROME AND
POWDERCOATING
12635 #5 US 19 North
HUDSON, FLORIDA 34667

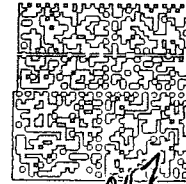
FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

MS# 5510 MC Acct# 5527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

RTS - UNABLE TO FORWARD



016H16501646

\$00.390

02/02/2007

United States
Postage

Disconnected NFA
C Bradley 3/16/2007
Spoke to Chris Admin
Facility is closed
email sent
(vacant)

UTF

AIRS ID#1010381 - Robert Maier
PREFERRED CHROME AND
POWDERCOATING
12635 #5 US 19 North
HUDSON, FLORIDA 34667
8579 Rees Street
Post Richey, FL 34668

FEB 12 2007

DEPT OF ENVIRONMENTAL PROTECTION
& Mobile Sources

727/847-5447
Maier

34667+1993-99 C012



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary - Designee

February 1, 2007

SECOND NOTICE OF ANNUAL OPERATION FEE

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for the calendar year **2006**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2007**, may be subject to a 50 percent penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Dick Dibble at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Sandra Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

/SV

Enclosure: Invoice Form

PERMITS & INSURANCE DIVISION
TALLHASSEE, FL 32315-3070

PERMITS & INSURANCE DIVISION
TALLHASSEE, FL 32315-3070



POSTAGE
REQUIRED

TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

PERMITS & INSURANCE DIVISION
TALLHASSEE, FL 32315-3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458782 FEB 9 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 990381 1st
HARD CHROME ENTERPRISES
INC
220 10th Street
LAKE PARK, FL 33403

FEB 15 2006
Bureau of Air Monitoring
& Mobile Sources

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

RECEIVED

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443353 DEC 15 2004

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

Performed Chrome pwc 1016381

RECEIVED
DEC 16 2004
Bureau of Air Monitoring
& Mobile Sources

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
DEC 16 2004

Printed on recycled paper.