

2000 UNIFORM BUSINESS REPORT (UBR)

0007122 N

DOCUMENT # A98000002195

1. Entity Name
FLORIDA LITHOLOGY, LTD.

FILED

00 FEB 16 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
14255 U.S. HIGHWAY 1, SUITE 208
JUNO BEACH FL 33408

Mailing Address
14255 U.S. HIGHWAY 1, SUITE 208
JUNO BEACH FL 33408-1490

2. Principal Place of Business
14255 U.S. Highway
Suite, Apt. #, etc.
Suite 204

3. Mailing Address
14255 U.S. Highway
Suite, Apt. #, etc.
Suite 204

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0867183** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SHAFFER, ROGER L JR.
2201 CORPORATE BLVD., N.W., SUITE 105
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
Name **SHAFFER, ROGER L.**
Street Address (P.O. Box Number is Not Acceptable) **2201 Corporate Blvd., NW Suite 105**
City **Boca Raton,** **FL** Zip Code **33431**

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 *Roger L Shaffer* **Roger L. Shaffer** **February 3, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$10,200.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P98000081198
NAME	FLORIDA LITHOLOGY, INC.
STREET ADDRESS	14255 U.S. HIGHWAY 1, SUITE 208
CITY - ST - ZIP	JUNO BEACH FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	400003169984-2 -03/14/00--01123--008 ****160.15 ****160.15
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Anthony Normet* **ANTHONY NORMET** **2/1/00** **566-630-6277**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CRCE003 (9/99)