

2001 UNIFORM BUSINESS REPORT (UBR)

0007030 AF

DOCUMENT # **A98000002195**

1. Entity Name

FLORIDA LITHOLOGY, LTD.

FILED

01 FEB -9 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

14255 U.S. HIGHWAY 1, SUITE 204
JUNO BEACH FL 33408

Mailing Address

14255 U.S. HIGHWAY 1, SUITE 204
JUNO BEACH FL 33408

2. Principal Place of Business

14263 U.S. Highway 1
Suite, Apt. #, etc.

3. Mailing Address

14263 U.S. Highway 1
Suite, Apt. #, etc.

City & State

Juno Beach FL
Zip 33408 Country USA

City & State

Juno Beach FL 33408
Zip 33408 Country USA

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
2201 CORPORATE BLVD., N.W., SUITE 105
BOCA RATON FL 33431

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

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

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

14263 U.S. Highway 1

CITY-ST-ZIP

Juno Beach, FL 33408

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

H. Stacy Scroggins, Director - G.P.

2/6/01

(561) 630-6277

Date

Daytime Phone #

CR2E003 (11/00)