

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001498

1. Entity Name

LITHKO CONTRACTING, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90097 037 ***150.00

Principal Place of Business

Mailing Address

5353 HAMILTON-MIDDLETOWN PIKE
HAMILTON OH 450115353 HAMILTON-MIDDLETOWN PIKE
HAMILTON OH 45011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 43-1214734

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BAKER, KENNETH R	343 WARWICK ROAD	HAMILTON OH 45013	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	TONG, JOHNNIE R	388 MITCHELL ROAD	WILMINGTON OH 45177	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	HOSSFELD, PERRY J	2500 HIXSON STREET	POWELL OH 43065	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	BAKER, HAZEL A	353 WARWICK ROAD	HAMILTON OH 45013	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Hazel A. Baker, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01

Date

513-539-4029

Daytime Phone #

CR2E034 (10/00)