

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90058 037 \*\*\*550.00

0147115 AB

**DOCUMENT # F00000001498**

1. Entity Name

**LITHKO CONTRACTING, INC.**



Principal Place of Business

**5353 HAMILTON-MIDDLETOWN PIKE  
HAMILTON OH 45011**

Mailing Address

**5353 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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **NRAT Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**525 E. Park Avenue**

City **Tallahassee**

**FL**

Zip Code **32301**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

TITLE **PD** ☐ Delete  
NAME **BAKER, KENNETH R**  
STREET ADDRESS **343 WARWICK ROAD**  
CITY-ST-ZIP **HAMILTON OH 45013**

TITLE **VD** ☐ Delete  
NAME **TONG, JOHNNIE R**  
STREET ADDRESS **388 MITCHELL ROAD**  
CITY-ST-ZIP **WILMINGTON OH 45177**

TITLE **V** ☐ Delete  
NAME **HOSSFELD, PERRY J**  
STREET ADDRESS **2500 HIXSON STREET**  
CITY-ST-ZIP **POWELL OH 43065**

TITLE **STD** ☐ Delete  
NAME **BAKER, HAZEL A**  
STREET ADDRESS **353 WARWICK ROAD**  
CITY-ST-ZIP **HAMILTON OH 45013**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: \_\_\_\_\_

**Hazel A Baker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/05/03**

Date

Daytime Phone #

CR2E034 (4/03)