

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002338

1. Entity Name

PENNSYLVANIA LIME, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90044 012 ***150.00

A0024589



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
ROUTE 442 & CLEAR SPRING RD 390 E. JOE ORR RD
ANNVILLE PA 17003 CHICAGO HEIGHTS IL 60411-1215
US

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 36-4119340
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. 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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERMAY, JACQUES		NAME		
STREET ADDRESS	390 E. JOE ORR RD		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO HEIGHTS IL 60411-0488		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILBERT, CARL A		NAME		
STREET ADDRESS	390 E. JOE ORR RD.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO HEIGHTS IL 60411		CITY-ST-ZIP		
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELININGER, SCOTT A		NAME		
STREET ADDRESS	390 E. JOE ORR RD.		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO HEIGHTS IL 60411		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINET, YVES		NAME		
STREET ADDRESS	13A, RUE DU CHATEAU		STREET ADDRESS		
CITY-ST-ZIP	SEILLES, B-5300 BELGIUM		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLEMS, YVES		NAME		
STREET ADDRESS	13A, RUE DU CHATEAU		STREET ADDRESS		
CITY-ST-ZIP	SEILLES, B-5300 BELGIUM		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RITZLER, SUZANNE		NAME		
STREET ADDRESS	390 E. JOE ORR ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO HEIGHTS IL 60411-0488		CITY-ST-ZIP		

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: Suzanne E. Ritzler Suzanne E. Ritzler, Secretary 2/8/00 708-757-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)