

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90066 036 ***150.00

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DOCUMENT # P00000059744

1. Entity Name
FOX LITHO, INC.



Principal Place of Business
**5300 NW 33 AVENUE STE 117
FT LAUDERDALE FL 33309**

Mailing Address
**5300 NW 33 AVENUE STE 117
FT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

3220 NUNDY Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33618

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1021445**

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

**SERCHAY, ALLAN
5300 NW 33 AVENUE STE 117
FT LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FOX, DONALD S
1515 GRANT STREET
HOLLYWOOD FL 33020**

**3220
NUNDY Rd.
Tampa, FL
33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DONALD S. FOX
3220 NUNDY Rd.
Tampa, FL
33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

813-389-0626

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

86134715 7/28/03
#P6000005974/4

DEAR SIR -

BECAUSE of my CHANGE of ADDRESS,
I NEVER RECEIVED ORIGINAL FORM.

THANK YOU,
Dall27x
