

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056961

1. Entity Name
CHROMOS, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90151 008 ***150.00

Principal Place of Business

7200 ROYAL OAK DRIVE
SPRING HILL FL 34607
US

Mailing Address

7200 ROYAL OAK DRIVE
SPRING HILL FL 34607
US

2. Principal Place of Business

8233 RIVER COUNTRY DR.
Suite, Apt. #, etc.

3. Mailing Address

8233 RIVER COUNTRY DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

AC00143

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number 59-3565931

Applied For
Not Applicable

Zip

34607

Country

US

Zip

34607

Country

US

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

6. Name and Address of Current Registered Agent

LUSTY, STEVEN E
7200 ROYAL OAK DRIVE
SPRING HILL FL 34607

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

Steven E. Lusty, Pres

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME LUSTY, STEVEN E
STREET ADDRESS 7200 ROYAL OAK DRIVE
CITY-ST-ZIP SPRING HILL FL 34607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Steven E. Lusty, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN E. LUSTY PRESIDENT

Date

(352) 592-8100

Daytime Phone #

0554021

CR2E034 (10/00)