

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

0637873 AV

**DOCUMENT # P98000056961**

1. Entity Name  
**CHROMOS, INC.**

03-07-2002 90053 026 \*\*\*150.00

Principal Place of Business  
**8233 RIVER COUNTRY DR**  
**SPRING HILL FL 34607**  
**US**

Mailing Address  
**8233 RIVER COUNTRY DR**  
**SPRING HILL FL 34607**  
**US**



2. Principal Place of Business  
**8231 River Country Dr**

3. Mailing Address  
**8231 River Country Dr**

Suite, Apt. #, etc.  
**Spring Hill FL**

Suite, Apt. #, etc.  
**Spring Hill FL**

City & State  
**Spring Hill FL**

City & State  
**Spring Hill FL**

Zip  
**34607**

Country  
**FLORIDA**

Zip  
**34607**

Country  
**FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3565931**

Applied For  
☐ Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSTY, STEVEN E		NAME		
STREET ADDRESS	7200 ROYAL OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34607		CITY-ST-ZIP		
TITLE	VP S&T	<input type="checkbox"/> Delete	TITLE	VP S&T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ginger P Lusty		NAME	Ginger P Lusty	
STREET ADDRESS	7200 Royal Oak Dr.		STREET ADDRESS	7200 Royal Oak Dr.	
CITY-ST-ZIP	Spring Hill FL 34607		CITY-ST-ZIP	Spring Hill FL 34607	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Ginger P Lusty** **2/21/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)