

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90138 044 ***150.00

DOCUMENT # P98000079810

1. Entity Name

FLORIDA LITHOLOGY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

11448 60TH STREET NORTH
 ROYAL PALM BEACH FL 33411

11448 60TH STREET NORTH
 ROYAL PALM BEACH FL 33411-8848

710807

2. Principal Place of Business

3. Mailing Address

314 N. LAKE DR

314 N. LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

326

326

City & State

City & State

LANHANA FL

LANHANA FL

Zip

Country

Zip

Country

33462

USA

33462

USA

4. FEI Number 65-0863708

Applied F.

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECKLER, WILLIAM L
 11448 60TH ST NORTH
 ROYAL PALM BEACH FL 33411

Name ECKLER William L

Street Address (P.O. Box Number is Not Acceptable) # 326
 314 NORTH LAKE DRIVE

City LANHANA

FL

Zip Code 33462

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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME ECKLER, WILLIAM L ☐ Delete
 STREET ADDRESS 11448 60TH STREET NORTH
 CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE PSTD
 NAME ECKLER William L ☐ Change ☐
 STREET ADDRESS 314 NORTH LAKE DRIVE # 326
 CITY-ST-ZIP LANHANA, FL 33462

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William L Eckler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 561-532-99.
 Date Daytime Phone #