

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081198

1. Entity Name

FLORIDA LITHOLOGY, INC.

Principal Place of Business

Mailing Address

14255 U.S. HIGHWAY 1 #208
JUNO BEACH FL 33408

14255 U.S. HIGHWAY 1 #208
JUNO BEACH FL 33408-1490

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

65-0867180

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

SHAFFER, ROGER L JR.
2201 CORPORATE BOULEVARD N.W.
SUITE 105
BOCA RATON FL 33431

Name

Roger L. Shaffer

Street Address (P.O. Box Number is Not Acceptable)

2201 Corporate Boulevard NW

Suite 105

City

Boca Raton

FL

Zip Code

33431

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

Roger L. Shaffer
Signature, type or printed name of registered agent and title if applicable

Roger L. Shaffer

1/26/00

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 ☐ Delete
NAME SCROGGINS, H S
STREET ADDRESS 14255 U.S. HIGHWAY 1 #208
CITY-ST-ZIP JUNO BEACH FL 33408

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

TITLE ☐ Delete
NAME NORMENT, ANTHONY E
STREET ADDRESS 14255 U.S. HIGHWAY 1 #208
CITY-ST-ZIP JUNO BEACH FL 33408

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

TITLE ☐ Delete
NAME WHEELLOCK, ARGIE
STREET ADDRESS 425 FRANKLIN RD., STE 545
CITY-ST-ZIP MARIETTA GA 30067

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony E. Norment
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00

DATE

561-630-6277

Daytime Phone #

CR2E034 (9/99)