

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037586

1. Entity Name

LITHO-GRAPHIC SERVE CORPORATION

FILED

Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90108 028 \*\*\*150.00

Principal Place of Business  
1339 RIVER ROAD  
NORTH FORT MYERS FL 33903

Mailing Address  
1339 RIVER ROAD  
NORTH FORT MYERS FL 33903

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 36-2970880

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

DILNY, MIKE M  
16241 FAIRWAY WOODS DRIVE, #1106  
FORT MYERS FL 33908

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

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 DILNY, DAVID M  
STREET ADDRESS 1339 RIVER ROAD  
CITY-ST-ZIP NORTH FORT MYERS FL 33903 ☒ Delete

TITLE ST  
NAME DILNY, SCOTT G  
STREET ADDRESS 1509 CALUMET STREET  
CITY-ST-ZIP LAKE LINDEN MI 49945 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~VP~~ VICE-PRESIDENT ☐ Change ☒ Addition  
NAME JAMES M. OLSON  
STREET ADDRESS 1339 RIVER ROAD  
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME SCOTT G. DILNY  
STREET ADDRESS 1339 RIVER ROAD  
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

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

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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN34 (10/00)

0383384