

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050793

1. Entity Name

LITHOCRAFT, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90097 004 \*\*\*150.00

Principal Place of Business

12670 NEW BRITTANY BLVD SUITE 101  
FORT MYERS FL 33907

Mailing Address

C/O ROBERT D. ROYSTON JR.  
PO DRAWER 60205  
FORT MYERS FL 33906-6205

2. Principal Place of Business

4460 Ridgewood Avenue  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Port Orange, FL

City & State

Port Orange, FL

4. FEI Number  
65-0925904

Applied For  
Not Applicable

Zip  
32127

Country  
USA

Zip

32127

Country

USA

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

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR  
12670 NEW BRITTANY BLVD SUITE 101  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name  
Kenneth R. Chrysler

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

4460 Ridgewood Ave.

City

Port Orange,

FL

Zip Code

32127

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

*Kenneth R. Chrysler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHRYSLER, WALTER M  
19743 PANDORA CIRCLE  
NORTH FORT MYERS FL 33917 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHRYSLER, DONNA J  
19743 PANDORA CIRCLE  
NORTH FORT MYERS FL 33917 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHRYSLER, KENNETH R  
3706 SE 3RD PLACE  
CAPE CORAL FL 33904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHRYSLER, MARY F  
3706 SE 3RD PLACE  
CAPE CORAL FL 33904 ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
4460 Ridgewood Avenue  
Port Orange, FL 32127 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
4460 Ridgewood Avenue  
Port Orange, FL 32127 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
4460 Ridgewood Avenue  
Port Orange, FL 32127 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S,T  
4460 Ridgewood Avenue  
Port Orange, FL 32127 ☐ 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 all other like empowered.

SIGNATURE:

*Kenneth R. Chrysler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-11-00 904 761 3584

Daytime Phone #

CR2E034 (9/99)