

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050793

1. Entity Name
LITHOCRAFT, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90045 011 ***150.00

Principal Place of Business
4460 RIDGEWOOD AVENUE
PORT ORANGE FL 32127

Mailing Address
4460 RIDGEWOOD AVENUE
~~PO DRAWER 68208~~ 4460 RIDGEWOOD AVE
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address
4460 RIDGEWOOD AVE
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PORT ORANGE FL

4. FEI Number 65-0925904

Applied For
Not Applicable

Zip

Country

Zip

Country

32127 FLORIDA

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

CHRYSLER, KENNETH R
4460 RIDGEWOOD AVENUE
PORT ORANGE FL 32127

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME CHRYSLER, WALTER M
STREET ADDRESS 4460 RIDGEWOOD AVENUE
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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

TITLE VP
NAME CHRYSLER, DONNA J
STREET ADDRESS 4460 RIDGEWOOD AVENUE
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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

TITLE
NAME CHRYSLER, KENNETH R
STREET ADDRESS 4460 RIDGEWOOD AVENUE
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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

TITLE ST
NAME CHRYSLER, MARY F
STREET ADDRESS 4460 RIDGEWOOD AVENUE
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

WALTER M. CHRYSLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)