

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002571

1. Entity Name

CSA AMERICA, INC.

Principal Place of Business

8501 EAST PLEASANT VALLEY ROAD
CLEVELAND OH 44131-5575

Mailing Address

8501 EAST PLEASANT VALLEY ROAD
CLEVELAND OH 44131-5575

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

34-1738465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 VSTD ☐ Delete
NAME LUECKE, RANDALL W CPA
STREET ADDRESS 8501 EAST PLEASANT VALLEY ROAD
CITY-ST-ZIP CLEVELAND OH 44131-5575

TITLE V ☐ Delete
NAME GRIECO, SPENCER P
STREET ADDRESS 8501 EAST PLEASANT VALLEY ROAD
CITY-ST-ZIP CLEVELAND OH 44131-5575

TITLE CD ☐ Delete
NAME GRIFFIN, ROBERT M
STREET ADDRESS 178 REXDALE BOULEVARD
CITY-ST-ZIP ETOBICOKE, ONT., CANADA

TITLE D ☐ Delete
NAME FALCONI, R J
STREET ADDRESS 178 REXDALE BOULEVARD
CITY-ST-ZIP ETOBICOKE, ONT., CANADA

TITLE D ☒ Delete
NAME HENDERSON, PETER M
STREET ADDRESS 178 REXDALE BOULEVARD
CITY-ST-ZIP ETOBICOKE, ONT., CANADA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01 414-747-2599

Date

Daytime Phone #

CR2E034 (10/00)

0666953



DO NOT WRITE IN THIS SPACE