

# 2002 UNIFORM BUSINESS REPORT (UBR)

0471401 AV

**DOCUMENT # F01000005447**  
 1. Entity Name  
**ALL STAR MANUFACTURING, INC.**

**FILED**  
 02 APR 22 PM 12:26  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business  
**6550 NEW TAMPA HIGHWAY  
 LAKELAND FL 33815-3148**

Mailing Address  
**6550 NEW TAMPA HIGHWAY  
 LAKELAND FL 33815-3148**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**8223 Brecksville Road  
 Suite 100  
 Brecksville, Ohio  
 44141-1361**  
 Country  
**Cuyahoga**

4. FEI Number  
**59-3742264** **APPLIED FOR**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BONIELLO, MICHAEL  
 6550 NEW TAMPA HIGHWAY  
 LAKELAND FL 33815-3148**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>DCEO HEFFERNAN, ROBERT 6550 NEW TAMPA HIGHWAY LAKELAND FL 33815-3148</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BONIELLO, MICHAEL 6550 NEW TAMPA HIGHWAY LAKELAND FL 33815-3148</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MARSH, TODD 6550 NEW TAMPA HIGHWAY LAKELAND FL 33815-3148</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CARROLL, GERRY 6550 NEW TAMPA HIGHWAY LAKELAND FL 33815-3148</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CURCI, JOHN 6550 NEW TAMPA HIGHWAY LAKELAND FL 33815-3148</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARSH, DONALD 6550 NEW TAMPA HIGHWAY LAKELAND FL 33815-3148</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO Heffernan, Robert B. 99 Brower Avenue Oaks, PA 19456</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Boniello, Michael P. 99 Brower Avenue Oaks, PA 19456</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Goss, Allan J. 99 Brower Avenue Oaks, PA 19456</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Curci, John V. 6950 South Edgerton Road Brecksville, OH 44141-3184</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **John V. Curci**  
 Secretary/Treasurer 4/2/02 (440) 838-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 505606 4346786

AUTHORIZATION : *Patricia Pajot*

COST LIMIT : \$ 150.00

ORDER DATE : April 1, 2002

ORDER TIME : 10:01 AM

ORDER NO. : 505606-015

CUSTOMER NO: 4346786

CUSTOMER: Mr. Allan L. Lyons  
Vesper Corporation  
Two Brecksville Commons  
8223 Brecksville Road  
Brecksville, OH 44141-1361

ANNUAL REPORT FILING

NAME: ALL STAR MANUFACTURING, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX  PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 APR -2 AM 11: 31  
DIVISION OF CORPORATION