

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000636

1. Entity Name

Q-PANEL LAB PRODUCTS CORPORATION

Principal Place of Business

26200 FIRST STREET
WESTLAKE OH 44145

Mailing Address

26200 FIRST STREET
WESTLAKE OH 44145

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

34-0947925

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CREWDSON, MICHAEL J
1005 SW 18TH AVE
HOMESTEAD FL 33034

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 PD ☐ Delete
NAME GROSSMAN, DOUGLAS M
STREET ADDRESS 4355 VALLEY FORGE DR.
CITY-ST-ZIP FAIRVIEW PARK OH 44126

TITLE V ☐ Delete
NAME BRENNAN, PATRICK J
STREET ADDRESS 3438 SOUTHERN RD
CITY-ST-ZIP RICHFIELD OH 44286

TITLE S ☐ Delete
NAME SIMECEK, GARY
STREET ADDRESS 26200 FIRST ST.
CITY-ST-ZIP WESTLAKE OH

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

DOUGLAS M. GROSSMAN

Date

Daytime Phone#

2/4/01

400-835-8700

CR2E034 (10/00)

0566019

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

01-17-2001 90078 002 ***158.75

00004800



DO NOT WRITE IN THIS SPACE