## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** H43696 DOCUMENT #

## FILED Mar 17, 2003 8:00 am Secretary of State

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City & State  Country  Country  Country  S. Cartificate of Status Desired  Bost Applicable  State Desired  For Required  For Req	109 MILES / POB 80469 CANTON OF US	4 44708	109 MILES AVE SW POB 80469 CANTON OH 44708 US				
Zip Country Zip Country S. Certificate of Status Dealerd Season S	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	G CHANGES	
So Name and Address of Current Registered Agent  Stroet Address (P.O. Box Number is Not Acceptable)  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligation of registered agent, or bo	City & Sta	ate	City & State		39-2301193		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  Code City Fl Zip Code  City FL Zip Code  Code City Fl Zip Cod	Zip			Country	5. Certificate of Status Desired	\$8.75 Add	ditional
C T CORPORATION SYSTEM 1200 SOUTH PIRE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  6. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS 515.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE  VODER, ABNER A.  SIREST ADDRESS  CITY-ST-ZIP  ONAME  VODER, ESTHER  VODER, ESTHER  VODER, ESTHER  VODER, ASTON OH 44708  TITLE  VODER, ASTON OH 44708  TITLE  VODER, ASTON OH 44718  SIREST ADDRESS  CITY-ST-ZIP  ONAME  VODER, ASTON OH 44718  SIREST ADDRESS  CITY-ST-ZIP  CANTON OH 44718  SIREST ADDRESS  CITY-ST-ZIP  ONAME  SIREST ADDRESS  CITY-ST-ZIP  ODER, SEPHAN E  MASSILLON OH 44646  DICKEY, JANICE  SIREST ADDRESS  CITY-ST-ZIP  ODER, SEPHAN E  MASSILLON OH 44646  DICKEY, JANICE  SIREST ADDRESS  CITY-ST-ZIP  DICKEY, JANICE  MASSILLON OH 44646  DICKEY JANICE  MASSILLON O		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Addition  City  FL  Zip Code  City  FL  Addition  City  FL  Addition  City  Cit	A T AA-	DODATION CHATTA	a manager and	Name			-
6. 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. I am familiar with, and accept the obligations of registered agent.    Signature   File Now!!!   FEE is \$150.00	1200 SO	UTH PINE ISLAND ROAD		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	PLANTA	IION FL 33324					
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After May 1, 2003 Fee will be \$55.00 May Be Make Check Payable to Florida Department of State  10.		Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent signature requi	fred when reinstating) DATE		
After May 1, 2003 Fee will be \$55.00 May Be Make Check Payable to Florida Department of State  10.	1	FILE NOW!!! FEE IS \$150.00		· · · · · · · · · · · · · · · · · · ·			
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	12. Thereby (	certify that the information supplied with	this filing does not qualit		Continue 110 07/0VD Classick Continue 15		

It is true and accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with en and 03

SIGNATURE:

Date

Daytime Phone #