

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

3/

03-31-2003 90115 007 ****61.25

DOCUMENT # N29304

1. Entity Name
WITHOUT END, INC.



Principal Place of Business
**C/O YVONNE PETERS
2827 MAX SMITH
LUTZ FL 33549**

Mailing Address
**2130 RADNOR AVE. W
COLUMBUS OH 43224**

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 **59-2970765**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERS, YVONNE D.
2827 MAX SMITH RD
LUTZ FL 33549**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BEYNON, JOE**
STREET ADDRESS **10010 TAKOMAH TRAIL**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Change ☐ Addition
NAME **JOE BEYNON**
STREET ADDRESS **9136 EDGEWOOD DR.**
CITY-ST-ZIP **GAITHERSBURG, MD 20877**

TITLE **DV** ☐ Delete
NAME **PETERS, CARL**
STREET ADDRESS **2827 MAX SMITH RD**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **DP** ☐ Delete
NAME **PETERS, YVONNE**
STREET ADDRESS **2827 MAX SMITH RD**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **D** ☒ Delete
NAME **THOMPSON, STEVE**
STREET ADDRESS **5640 BAKER RD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Change ☒ Addition
NAME **SCOTT OSBORNE**
STREET ADDRESS **227 BROOKHILL DR**
CITY-ST-ZIP **GAHANNA, OH 43236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **DARYSE OSBORNE**
STREET ADDRESS **227 BROOKHILL DR**
CITY-ST-ZIP **GAHANNA, OH 43236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE DELETED

YVONNE D. PETERS

3/25/03

**813 391-7252
(614) 342-2130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)