

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11895

1. Entity Name

ACRT, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90200 025 \*\*\*150.00

Principal Place of Business

2545 BAILEY RD.  
P.O. BOX 401  
CUYAHOGA FALLS OH 44221  
US

Mailing Address

2545 BAILEY RD.  
P.O. BOX 401  
CUYAHOGA OH 44221-2949  
US

2. Principal Place of Business

2545 BAILEY RD

3. Mailing Address

P.O. BOX 401

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1462242

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ABBOTT, RICHARD EDWARD  
STREET ADDRESS 1887 PINE DRIVE  
CITY-ST-ZIP KENT OH ☐ Delete

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

TITLE TD  
NAME ABBOTT, SUE CAROL  
STREET ADDRESS 1887 PINE DRIVE  
CITY-ST-ZIP KENT OH ☐ Delete

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

TITLE VD  
NAME SALTZMAN, JEFF ALAN  
STREET ADDRESS 4190 SPRINGDALE DRIVE  
CITY-ST-ZIP STOW OH ☐ Delete

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

TITLE ST  
NAME UPDEGRAFF, ALANE K  
STREET ADDRESS 238 WEST OAK ST  
CITY-ST-ZIP KENT OH 44240 ☐ Delete

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

TITLE VP  
NAME HANNEBIQUE, RAYMOND J  
STREET ADDRESS 522 CUYAHOGA ST  
CITY-ST-ZIP KENT OH 44240 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Diane L. Baughman, CPA* VP-FINANCE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 (330) 945-7500  
Date Daytime Phone #

CR2E034 (9/99)