

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90089 025 ***150.00

DOCUMENT # P27842

1. Entity Name

ROETZEL AND ANDRESS, A LEGAL PROFESSIONAL ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

222 S MAIN ST
 400
 AKRON OH 44308

222 S MAIN ST
 400
 AKRON OH 44308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1245415

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

JACKSON, PAUL C. Neil Gregory
 850 PARK SHORE DR
 TRIANON CENTRE, 3RD FLOOR
 NAPLES FL 34103

Name **C Neil Gregory**

Street Address (P.O. Box Number is Not Acceptable)

850 Park Shore Drive, 3rd Floor

City

Naples

FL

Zip Code

34103

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 this is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS OCHSENHIRT, TIMOTHY J
 CITY-ST-ZIP 1035 MERRIMAN RD.
 AKRON OH

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS ZUMKEHR, CHARLES E
 CITY-ST-ZIP 1323 LAKE ROGER
 KENT OH

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS JACKSON, PAUL L
 CITY-ST-ZIP 103 OAKHILL CIRCLE
 ROOTSTOWN OH 44727

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 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
 indicated on this report or supplemental report is true and accurate and that my signature shall have
 of the corporation or the receiver or trustee empowered to execute this report as required by Chap
 changed, or on an attachment with an address, with all other like empowered.

19.07(3)(i), Florida Statutes. I further certify that the information
 gal effect as if made under oath, that I am an officer or director
 a Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)