2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F96000002934

1. Entity Name

209 ASSOCIATES, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90192 008 ***150.00

						183	1155					
Principal Place of Business 209 E STATE ST COLUMBUS OH 43215				Mailing Address 209 E STATE ST COLUMBUS OH 43215							i (
2. Principal Place of Business . 191 W. NATIONWIDE BLVD				3. Mailing Address 191 W. NATIONWIDE BLVD.								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
SUITE 200 City & State				SUITE 200 City & State				4. FEI Number 04 4000700 Applied For				
COLUMBUS, OH 43215-2568			1 1	COLUMBUS, OH 53215-0533				. PEINUID	er 31-1320706			ot Applicable
Zip	Country			Zip Count			trv		e of Status Desired		3.75 Add e Require	
43215-2568 6. Name and Address of Current F				43215-2568			7. Name and Address of New Registered Agent					<u> </u>
						Name				<u> </u>		
DETZEL, CHRISTOPHER 540 E HORATIO AVE #202						Street Address (P.O. Box Number is Not Acceptable)		
MAITLAND	FL 32751											
						City	.			FL	Zip Code	e
	named entity ions of registe		ment for the purp	ose of changing its	registered	d office or	registered a	agent, or bo	th, in the State of Flo	rida. I am fan	niliar with,	and accept
SIGNATURE												
-		-						1				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									ection Campaign Fin ust Fund Contribution			May Be d to Fees
10.	•	OFFICER	S AND DIRECTO	RS	11.		,	ADDITIONS,	/CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11
TITLE	DS OA OTO D	341.44.10	•	☐ Delete	TITLE		DS			7	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	CASTO, DO 209 E STA COLUMBU				NAME STREET CITY-S	ADDRESS ST-ZIP	191 W.		NWIDE BLVD.		200	
TITLE	DPT	• • • • • • • • • • • • • • • • • • • •		☐ Delete	TITLE		DPT	sus, un	43215-2568		Change	Addition (
NAME STREET ADDRESS CITY-ST-ZIP	BENSON, 209 E STA	Frank s III Te st s oh 43215			NAME STREET CITY-S	ADDRESS	BENSON	NATIO	K S III		200	
TITLE	DV	J 011 10E10		☐ Delete	TITLE	3	DV	BUS,—OH	-43215 <u>-</u> 2568	3. <u> </u>	Change	☐ Addition
NAME	CASTO, W				NAME		,	WILLI	AM G		·	
STREET ADDRESS : CITY-ST-ZIP	209 E STA COLUMBU	te st S oh 43215			STREET CITY-S	TADDRESS ST-ZIP	191 W.	NATIO	NWIDE BLVD		200	
TITLE	V		•	☐ Delete	TITLE	•	V GOLUME	505, UH	 43215–256 {	5 ·	Change	☐ Addition
NAME	LUKEMAN,				NAME		LUKEMA	AN, PAU				
STREET ADDRESS CITY-ST-ZIP		te street S oh 43215			CITY-S	ADDRESS T-ZIP			NWIDE BLVD. 1 43215-2568		200	
TITLE			,	☐ Delete	TITLE	•	COLUM	JUD 9 VIII	43213 2300		Change	Addition
NAME					NAME	***********						ĺ
STREET ADDRESS CITY-ST-ZIP					CITY-S	`ADDRESS ST-ZIP						
TITLE				☐ Delete	TITLE				•		Change	☐ Addition
NAME					NAME							
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S	ADDRESS						
OH FOLE ZEE	<u> </u>				0111-3	11 '40						

12. I hereby certify that the information supplied with this filling 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 rustee empowered to execute this report as required by Chapter 607, 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:

ME REQUIDING CASTO, III

Davtime Phone #