

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0570015 AV

DOCUMENT # 832737

1. Entity Name
THOMAS W. RUFF & COMPANY OF FLORIDA, INC.

03-29-2002 91423 012 ***150.00

Principal Place of Business
**1114 DUBLIN RD.
 COLUMBUS OH 43215**

Mailing Address
**1114 DUBLIN RD.
 COLUMBUS OH 43215**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3201 Commerce Parkway
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miramar, FL 33025

4. FEI Number
31-0849755 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country
 U.S.A.

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	CD GORMAN, JOHN E 1114 DUBLIN RD COLUMBUS, OH 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRANE, JOHN J. 1114 DUBLIN RD COLUMBUS, OH 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Columbus, Ohio 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORMAN, CAROL J 1114 DUBLIN RD COLUMBUS, OH 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRYNOK, KATHLEEN G 911 ORLANDO AVE S MAITLAND, FL 0 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LaCerra, Donald J. 911 Orlando Aves Maitland, FL 32751-6407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORMAN, MICHAEL J. 1114 DUBLIN RD COLUMBUS OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Columbus, Ohio 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOLAS, ROGER 1114 DUBLIN RD COLUMBUS OH 43215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Roger Escolas Roger Escolas 3/19/02 614-487-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)