

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840533

1. Entity Name
W.C. STUMBO COMPANY

Principal Place of Business

274 QUARRY STREET
P O BOX 368
MARION OH 43301-7368

Mailing Address

274 QUARRY STREET
P O BOX 368
MARION OH 43301-0368
US

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 31-0803720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME SD
STREET ADDRESS MURRAY, DIXIE LEE
CITY-ST-ZIP 274 QUARRY ST.
MARION OH

☐ Delete

TITLE
NAME CD
STREET ADDRESS MURRAY, JACK A.
CITY-ST-ZIP 274 QUARRY ST.
MARION OH

☐ Delete

TITLE
NAME V
STREET ADDRESS DEL TOSTO, JOSEPH J.
CITY-ST-ZIP 274 QUARRY ST.
MARION OH

☒ Delete

TITLE
NAME TD
STREET ADDRESS SAYERS, DENISE
CITY-ST-ZIP 274 QUARRY STREET
MARION OH 43302

☐ Delete

TITLE
NAME PD
STREET ADDRESS PRICE, DONALD
CITY-ST-ZIP 274 QUARRY STREET
MARION OH 43302

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Denise Sayers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas.

Date

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90001 049 ***550.00



DO NOT WRITE IN THIS SPACE

0134354 AT

CR2E034 (5/01)

740-383-2135