

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90091 003 ***150.00

DOCUMENT # 845759

1. Entity Name

KELLERMEYER BUILDING SERVICES, INC.

Principal Place of Business

Mailing Address

1575 HENTHORNE DR
 MAUMEE OH 43537
 US

1575 HENTHORNE DR
 MAUMEE OH 43537-1372
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1132807**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANGOR, MICHAEL
6104 NW 19TH COURT
MARGATE FL 33063

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|----------------------|-------------------|-----------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| CT | SANDER, KEN | 1575 HENTHORNE DR | MAUMEE OH 43537 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD | SIWA, KEVIN | 1575 HENTHORNE DR | MAUMEE OH 43537 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| VSD | KERSCHNER, ELIZABETH | 1575 HENTHORNE DR | MAUMEE OH 43537 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | THRUN, GARY | 1575 HENTHORNE DR | MAUMEE OH 43537 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | SNYDER, BRUCE | 1575 HENTHORNE DR | MAUMEE OH 43537 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | SCOTT, TERRY | 1575 HENTHORNE DR | MAUMEE OH 43537 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Elizabeth A. Kerschner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
 Date

Daytime Phone #

CR25024 10/00