

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

0605146 AT

DOCUMENT # 854067

1. Entity Name

STANLEY STEEMER INTERNATIONAL, INC.

02-11-2002 90012 017 ***150.00

Principal Place of Business

**5500 STANLEY STEEMER PARKWAY
 DUBLIN OH 43016
 US**

Mailing Address

**5500 STANLEY STEEMER PARKWAY
 DUBLIN OH 43016-2004
 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

31-0366455

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 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 **PCD**
 STREET ADDRESS **BATES, WESLEY C.**
 CITY-ST-ZIP **5045 SQUIRREL BEND
 COLUMBUS OH**

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

TITLE ☐ Delete
 NAME **VS**
 STREET ADDRESS **RYSER, PHILLIP P.**
 CITY-ST-ZIP **2243 ASHBURY CLOSE
 POWELL OH**

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

TITLE ☐ Delete
 NAME **VT**
 STREET ADDRESS **BUNNER, MARK V**
 CITY-ST-ZIP **5612 GREYSTONE LANE
 HILLIARD OH**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8780 Patterson Rd**
 CITY-ST-ZIP **Hilliard OH 43026**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TASK, HOWARD**
 CITY-ST-ZIP **2433 COLLINS DRIVE
 WORTHINGTON OH**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BAKER, DAVID**
 CITY-ST-ZIP **2454 KENSINGTON, DRIVE
 COLUMBUS OH**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RICHARDS, R.L.**
 CITY-ST-ZIP **8407 GLENEAGLES CT.
 DUBLIN OH**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5598 Preston mill way**
 CITY-ST-ZIP **Dublin OH 43017**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)