

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90014 001 ***150.00

DOCUMENT # F00000007021**1. Entity Name**

HANDEX OF OHIO, INC.

Principal Place of Business4722M INTERSTATE DRIVE,
CINCINNATI, OH 45245-1145**Mailing Address**30941 SUNEAGLE DR.
MT. DORA, FL 32757**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number**
31-1374576**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****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, 2001 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
D/C ROGER EATMAN 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
D/P GEORGE BANNON 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
VP/ASSISTANT SECRETARY BRIAN RICHARDS 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
S WILLIAM E. TABOR, JR. 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
T WILLIAM P. MULLINS 30941 SUNEAGLE DR. MT. DORA, FL 32757	<input type="checkbox"/>		<input type="checkbox"/>
ASSISTANT SECRETARY MIKE ALEXANDER 30941 SUNEAGLE DR. MT. DORA, FL 32757	<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. TABOR, JR., SECRETARY: 02/02/01

Date

Daytime Phone #

CR2E034 (11/00)

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DO NOT WRITE IN THIS SPACE

HANDEX OF OHIO, INC.
DIRECTORS AND OFFICERS, CONT.

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ASSISTANT SECRETARY
ALEX CVERCKO
30941 SUNEAGLE DR.
MT. DORA, FL 32757