

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000005678****1. Entity Name**
RESOURCE MATERIALS CORPORATION**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90189 006 ***150.00

Principal Place of Business**600 HAGERTY DR.**
FREMONT OH 43420**Mailing Address****P.O. BOX 690**
FREMONT OH 43420**2. Principal Place of Business****2450 ENTERPRISE ST**

Suite, Apt. #, etc.

DRAWER A

City & State

FREMONT OHIO

Zip

43420

Country

USA**3. Mailing Address****2450 ENTERPRISE ST**

Suite, Apt. #, etc.

DRAWER A

City & State

FREMONT OHIO

Zip

43420

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1716811**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****BURTON, PHILLIP**
3904 BUILDERS CIR.
PLANT CITY FL 33567**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KERN, THOMAS L	1520 FINEFROCK	FREMONT OH	

ST	BURTON, PHILLIP	25986 W. RIVER RD.	PERRYSBURG OH 43551	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 #

1-17-01 (419)333-5681

CR2E034 (10/00)