

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001574

1. Entity Name

SCHNELLER, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90240 034 \*\*\*150.00

Principal Place of Business

Mailing Address

6019 POWERMILL ROAD  
 KENT OH 44240

6019 POWERMILL ROAD  
 KENT OH 44240

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

34-1407120

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

NAGY, DONALD  
 6200 49TH STREET, NORTH  
 PINELLAS PARK FL 34665

Name

TOM PEEFFER

Street Address (P.O. Box Number is Not Acceptable)

6200 49th STREET, NORTH

City

PINELLAS PARK

FL

Zip Code

34665

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

*Tom PEEFFER Plant Manager*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-00

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 CT ☐ Delete

NAME BRUBAKER, JERRY L.  
 STREET ADDRESS 3470 PARFOURE BLVD.  
 CITY-ST-ZIP UNIONTOWN OH

TITLE V ☐ Delete

NAME PANALLO, DAVID L.  
 STREET ADDRESS 1939 HEMLOCK DRIVE  
 CITY-ST-ZIP KENT OH

TITLE DS ☐ Delete

NAME ZUMKEHR, CHARLES E.  
 STREET ADDRESS 1323 LAKE ROGER DR.  
 CITY-ST-ZIP KENT OH 44240

TITLE V ☐ Delete

NAME SCHIRRA, JOHN P  
 STREET ADDRESS 276 HILLBROOK DR  
 CITY-ST-ZIP CUYAHOGA FALLS OH 44223

TITLE DV ☐ Delete

NAME FRYE, JEFFREY R.  
 STREET ADDRESS 3459 MADISON AVE  
 CITY-ST-ZIP STOW OH 44224

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*John P. Schirra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

CR2E034 (9/99)