

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001502

1. Entity Name

STAPLETON ELECTRIC CO.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90099 012 ***150.00

Principal Place of Business

240 COLLEGE STREET
CLEVES OH 45002

Mailing Address

240 COLLEGE STREET
CLEVES OH 45002-1335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0739736

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STAPLETON, JOSEPH J
6359 PLUMOSA AVENUE
FT. MYERS FL 33908

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 PC
NAME STAPLETON, JOSEPH J
STREET ADDRESS 6359 PLUMOSA AVENUE
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

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

TITLE V
NAME STAPLETON, PATRICIA A
STREET ADDRESS 6359 PLUMOSA AVENUE
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

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

TITLE DST
NAME LEOPOLD, KATHLEEN A
STREET ADDRESS 1767 FORESTVIEW LANE
CITY-ST-ZIP CINCINNATI OH 45233 ☐ Delete

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

TITLE VC
NAME STAPLETON, STEPHEN J
STREET ADDRESS 583 BRADDOCK COURT
CITY-ST-ZIP EDGEWOOD KY 41017 ☐ Delete

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

TITLE D
NAME LIPPS, RICHARD C
STREET ADDRESS 4600 FEHR ROAD
CITY-ST-ZIP CINCINNATI OH 45238 ☐ Delete

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

TITLE D
NAME STAPLETON, DAVID J
STREET ADDRESS 1092 TIMBERVALLEY CT.
CITY-ST-ZIP CINCINNATI OH 45233 ☐ Delete

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

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:

Kathleen A. Leopold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00 513941-6300

CR2E034 (9/99)