

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001502

1. Entity Name
STAPLETON ELECTRIC CO.

Principal Place of Business

240 COLLEGE STREET
CLEVES OH 45002

Mailing Address

240 COLLEGE STREET
CLEVES OH 45002

2. Principal Place of Business

4845 State Route 128
Suite, Apt. #, etc.

3. Mailing Address

4845 State Route 128
Suite, Apt. #, etc.

City & State

Cleves, OH

City & State

Cleves, OH

Zip

Country

45002 USA

Zip

Country

45002 USA

4. FEI Number 31-0739736

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Kathleen A Leopold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN A LEOPOLD

Date

Daytime Phone #

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90078 026 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)