

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005118

1. Entity Name  
**TIME SERVICE, INC.**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 90963 040 \*\*\*150.00

Principal Place of Business

Mailing Address

245 23RD ST.  
TOLEDO OH 43624

245 23RD ST.  
TOLEDO OH 43624

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 **34-4373785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 **P** ☐ Delete  
NAME **GOLDBERG, LAWRENCE**  
STREET ADDRESS **3685 WILD PHEASANT LANE**  
CITY-ST-ZIP **SYLVANIA OH 43560**

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

TITLE **V** ☒ Delete  
NAME **GARDDAI, PERRY K**  
STREET ADDRESS **6126 JEFFREY**  
CITY-ST-ZIP **SYLVANIA OH 43560**

TITLE **T** ☐ Change ☒ Addition  
NAME **LYNN J HELMIOSKI**  
STREET ADDRESS **9315 CRAB RD**  
CITY-ST-ZIP **TEMPERANCE MI 48182**

TITLE **D** ☐ Delete  
NAME **PERLMUTTER, SHIMON**  
STREET ADDRESS **7061 E McDONALD DR**  
CITY-ST-ZIP **SCOTTSDALE AZ 85253**

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

TITLE **DC** ☐ Delete  
NAME **PERLMUTTER, STEVEN**  
STREET ADDRESS **3956 BROOKFIELD**  
CITY-ST-ZIP **TOLEDO OH 43623**

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

TITLE **DV** ☐ Delete  
NAME **PERLMUTTER, DAVID**  
STREET ADDRESS **7128 REGENTS PARK BLVD.**  
CITY-ST-ZIP **TOLEDO OH 43617**

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

TITLE **D** ☐ Delete  
NAME **PERLMUTTER, DONALD**  
STREET ADDRESS **3500 KERSDALE**  
CITY-ST-ZIP **PEPPER PIKE OH 44124**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4-25-01

Date

419-241-4181

Daytime Phone #

CR2E034 (10/00)