

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

4/2

04-29-2003 90047 026 ***125.00
05-27-2003 90162 008 ****25.00

DOCUMENT # F96000005118

1. Entity Name
TIME SERVICE, INC.



Principal Place of Business
**245 23RD ST.
TOLEDO OH 43624**

Mailing Address
**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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **HELMINSKI, LYNN**
STREET ADDRESS **9315 CRABB ROAD**
CITY-ST-ZIP **TEMPERANCE MI 48182**

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

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

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

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

TITLE **VP/S/D** ☒ Change ☐ Addition
NAME **PERLMUTTER, STEVEN**
STREET ADDRESS **6443 - LEICESTER**
CITY-ST-ZIP **TOLEDO OH 43624**

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

TITLE **D/C/T** ☒ Change ☐ Addition
NAME **PERLMUTTER, DAVID**
STREET ADDRESS **7128 REGENTS PARK BLVD**
CITY-ST-ZIP **TOLEDO OH 43617**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

VICE PRES

4-25-03

419-241-4181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)