

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000006797**

1. Entity Name

AULD GHENT INVESTMENTS, INC.**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90200 030 ***158.75

Principal Place of Business

Mailing Address

**791 WYE RD
AKRON OH 44333****791 WYE RD
AKRON OH 44333****UUU15441**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1846235**

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DC			
	MEYERSON, ROBERT F			
	791 WYE RD			
	AKRON OH 44333			
	DP			<input checked="" type="checkbox"/> Delete
	MEYERSON, ADAM			
	791 WYE RD			
	AKRON OH			
	VSD			<input type="checkbox"/> Delete
	MURPHY, ELIZABETH			
	791 WYE RD			
	AKRON OH			
	T			<input type="checkbox"/> Delete
	DYER, RICHARD W			
	791 WYE RD.			
	AKRON OH 44333			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P, CEO, D			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	DYER, RICHARD W				
	791 WYE RD				
	AKRON, OH 44333				
	EVP.			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MEYERSON, DAVID W				
	791 WYE RD				
	AKRON, OH 44333				
	T, ASST S			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	CULOTTA, ELINOR M				
	791 WYE RD				
	AKRON, OH 44333				

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: **BT:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/26/01

Date

(336) 666-6380

Daytime Phone #

CR2E034 (10/00)