

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90060 002 \*\*\*150.00

**DOCUMENT # F97000003545**

1. Entity Name

SUNOHIO, INC.

Principal Place of Business

1515 BANK PLACE. SW  
 CANTON OH 44706

Mailing Address

1515 BANK PLACE. SW  
 CANTON OH 44706

825700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1501 Raff Road SW

Suite, Apt. #, etc.

3. Mailing Address

1501 Raff Road SW

Suite, Apt. #, etc.

City & State

Canton OH

Zip 44710

Country USA

City & State

Canton OH

Zip 44710

Country USA

4. FEI Number

31-1524096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, 2002 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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PC  
 BISSONETTE, DALE A.  
 1515 BANK PLACE SW  
 CANTON OH 44706 ☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SDV  
 BAKER, CHARLES A JR  
 1515 BANK PLACE SW  
 CANTON OH 44706 ☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME  
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☐ Change ☐ Addition

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:

*[Signature]* President

1/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)