

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90128 018 ***150.00

DOCUMENT # F97000004014

1. Entity Name

GASPER CORPORATION

Principal Place of Business

Mailing Address

A0062932

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1430 OAK COURT

3. Mailing Address

C/O NCR CORP., CORP TAXES

Suite, Apt. #, etc.

SUITE 314

Suite, Apt. #, etc.

1700 S. PATTERSON BLVD

City & State

DAYTON, OH

City & State

DAYTON, OH

4. FEI Number

31-1068806

Applied For

Not Applicable

Zip

45430

Country

USA

Zip

45479

Country

USA

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 S. 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	CCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASPER, D.A.	
STREET ADDRESS	1430 OAK COURT, SUITE 314	
CITY - ST - ZIP	DAYTON, OH 45430	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORENT, A.	
STREET ADDRESS	1700 S. PATTERSON BLVD.	
CITY - ST - ZIP	DAYTON, OH 45479	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCKENBACH, R.	
STREET ADDRESS	1700 S. PATTERSON BLVD.	
CITY - ST - ZIP	DAYTON, OH 45479	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURILLI, M.L.	
STREET ADDRESS	1700 S. PATTERSON BLVD.	
CITY - ST - ZIP	DAYTON, OH 45479	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANIK, M.A.	
STREET ADDRESS	1700 S. PATTERSON BLVD.	
CITY - ST - ZIP	DAYTON, OH 45479	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *M. L. Turilli*

M. L. TURILLI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 937-445-2859

Date Daytime Phone #

CR2E034 (1/00)