

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90112 044 ***550.00

0134627 AT

DOCUMENT # F97000005031

1. Entity Name

MODE OF OHIO CORPORATION

(Handwritten initials)

Principal Place of Business

**300 E STROOP RD.
 DAYTON OH 45429**

Mailing Address

**300 E STROOP RD.
 DAYTON OH 45429**

2. Principal Place of Business

SALLY'S ON SIESTA

Suite, Apt. #, etc.

3. Mailing Address

5191 OCEAN BLVD

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA

Zip

34242

Country

USA

Zip

34242

Country

USA

4. FEI Number

31-1211840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STROM, JERRY
 5111 OCEAN BLVD.
 SARASOTA FL 34242**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PVT** ☐ Delete
 NAME **HAWTHORNE, SARA S**
 STREET ADDRESS **1476 W. ALEX-BELL RD.**
 CITY-ST-ZIP **DAYTON OH 45459**

TITLE **SD** ☐ Delete
 NAME **SPAYD, ROBERT V**
 STREET ADDRESS **386 RUE MARSEILLE**
 CITY-ST-ZIP **DAYTON OH 45459**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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)(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:

(Handwritten signature: Sara S Hawthorne)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/03/01 **937**
438
 Date Daytime Phone

CR2E034 (5/01)