

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2002 90132 039 \*\*\*158.75

**DOCUMENT # F97000006670**

1. Entity Name  
**TELANTIS RESEARCH, INC.**

Principal Place of Business

**12511 WORLD PLAZA LANE  
 FT MYERS FL 33907**

Mailing Address

**791 WYE ROAD  
 AKRON OH 44333  
 US**

2. Principal Place of Business

**3500 EMBASSY PARKWAY**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 150**

City & State  
**AKRON, OHIO**

City & State

4. FEI Number

**34-1850493**

Applied For

Not Applicable

Zip  
**44333**

Country  
**U.S.A**

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ACCIPITER II, INC.**

**12511 WORLD PLAZA LANE  
 FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

**ACCIPITER II, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**2180 IMMOKALEE ROAD, SUITE 311**

City

**NAPLES**

**FL**

Zip Code  
**34110**

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

*Richard W. Dyer*

**RICHARD W. DYER, PRESIDENT**

**2/5/02**

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  
**DCT  
 DYER, RICHARD W  
 791 WYE RD  
 AKRON OH 44333** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DPCE  
 MEYERSON, DAVID W  
 791 WYE RD  
 AKRON OH 44333** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 FLORKA, RICHARD S  
 791 WYE RD  
 AKRON OH 44333** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP  
 CULOTTA, ELINOR M  
 791 WYE RD  
 AKRON OH 44333** ☐ 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  
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 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 REQUIRED**

**1/29/02**

**(330) 664-3384**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)