

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90319 030 ***158.75

REG-176 10

DOCUMENT # F97000006670

1. Entity Name
TELANTIS RESEARCH, INC.



Principal Place of Business
~~3500 EMBASSY PKWY~~
~~STE 150~~
AKRON OH 44333

Mailing Address
791 WYE ROAD
AKRON OH 44333
US

22001341



2. Principal Place of Business
3700 EMBASSY PKWY

Suite, Apt. #, etc.
SUITE 290

City & State
AKRON, OH

Zip
44333

Country
Summit

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number **34-1850493**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD GABRIEL, GERALD J <input type="checkbox"/> Delete 791 WYE RD AKRON OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PCEO WALL, DANIEL G 791 WYE RD AKRON OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete EVS CHAMBERS, GREGORY J 791 WYE RD AKRON OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MEYERSON, ROBERT F 791 WYE RD AKRON OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CSISZAR, ALEX L 791 WYE ROAD AKRON OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP FLORKA, RICHARD S 791 WYE ROAD AKRON OH 44333

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald J. Gabriel* **REQUIRE** *Gerald J. Gabriel V.P.* Date: *1/29/03* 330-666-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

22001520



1445 North Atlantic Avenue
Daytona Beach, Florida 32118

Doc # 730643

TITLE:

D

ADDITION

NAME:

BEER, DONALD R.

STREET ADDRESS:

1441 N. ATLANTIC 211

CITY-ST-ZIP:

DAYTONA BEACH, FL 32118