## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## F98000002093 DOCUMENT #

1. Entity Name

THE WASSERSTROM CO.



**FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90849 009 \*\*\*150.00

					GOO WE THE	<i>&gt;</i>				
	ce of Business		ng Address							
477 S. FRON	· -·		477 S. FRONT ST			-	•			
COLUMBUS	OH 43215	COL	JMBUS OH 43215							
								II <b>ib</b> iii <b>ib</b> iii ibiii	<b>10111 1511 1511</b>	
2 Principal	Place of Business	12.44	ilian Add		-					
2. Thirdipart race of business			3. Mailing Address				·		88118 18188 1111 18 <b>6</b> 1	
Suite, Apt	t. #, etc.	Sui	Suite, Apt. #, etc.					•		
. ,		]					☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite	City	City & State				4. FEI Number 04 4005700 Applied For			
							4. FEI Number 31-4335700 Applied For Not Applied			
Zip Country		Zip	Zip Coi		intry `		5. Certificate of Status Desired [	¬ \$8.75	5 Additional	
						_	Fee Required			
*	6. Name and Address of	Current Register	ed Agent				7. Name and Address of New Regis	tered Agent		
LIACKELL	IOCEDII				Name		•			
	, JOSEPH		Street Addres			ess (P.C	(P.O. Box Number is Not Acceptable)			
9400 N. BUSCH DR										
JACKSON	VILLE FL 32218									
			•		City			FL Zip	Code	
O The shaw			<del></del>				•			
the obliga	e named entity submits this stat tions of registered agent.	tement for the purp	oose of changing its	registere	ed office or regi	istered	agent, or both, in the State of Florida.	l am familiar	with, and accept	
SIGNATURE	Signature, typed or printed name of regis	local egest and title if a	- Cartella (A)OT	- A			'			
			IIICADIE. (NO)	E: Régistered	3 Agent signature rec	quired wh	en reinstating)	DATE		
	TLE NOW!!! FEE IS \$150						9. Election Campaign Financi		SE 00	
Afte	r May 1, 2003 Fee will be \$ k Payable to Florida Depart						Trust Fund Contribution.	~ <b>~</b>	55.00 May Be	
10.	OFFICE	RS AND DIRECTO	·	11.	<del></del>		ADDITIONS/CHANGES TO OFFICER			
TITLE NAME	WASSERSTROM, RODNE	v	☐ Delete	TITLE	ı			☐ Cha	inge 🗌 Addition	
STREET ADDRESS	477 S. FRONT ST	ſ		NAME	1		-		}	
CITY-ST-ZIP	COLUMBUS OH 43215				ET ADORESS ST-ZIP					
TITLE	V		☐ Delete		<del></del>					
NAME	VERMILLION, URSULA		L Delete	TITLE				Cha	inge 🗌 Addition	
STREET ADDRESS	477 S. FRONT ST				T ADDRESS					
CITY-ST-ZIP	COLUMBUS OH 43215			1	ST-ZIP					
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NAME	BLANK, DENNIS		_ Dentile	NAME	i i		المسالي المسال	∐ Char	ige 🗀 Audition	
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CITY-ST-ZIP	COLUMBUS OH 43215			CITY-	ST-ZIP					
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NAME	MYERS, SHELLY			NAME						
STREET ADDRESS	477 S. FRONT ST			STREE	T ADDRESS				ĺ	
CITY-ST-ZIP	COLUMBUS OH 43215			CITY-	ST-ZIP				}	
TITLE	VP	-	☐ Delete	TITLE				☐ Char	nge 🔲 Addition	
NAME	RABE, DEBORAH			NAME	Į.		-			
STREET ADDRESS	477 S. FRONT ST.				T ADDRESS				ļ	
CITY-ST-ZIP	COLUMBUS OH 43215			CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Chan	nge 🔲 Addition	
NAME STREET ADDRESS				NAME						
STREET ADDRESS CITY-ST-ZIP					T ADDRESS					
	and final about 1 of 100	W 1 70		CITY-S						
<ol><li>i nereby c</li></ol>	ertify that the information supp	ned with this filing	does not qualify for	the exem	notion stated in	Section	on 119.07(3)(i), Florida Statutes, I furth	er certify that t	he 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: