

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005831

1. Entity Name

CINTAS FIRST AID & SAFETY INC.

07-13-2000 90016004 ***150.00

F98000005831

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 AM 6:40

Principal Place of Business

Mailing Address

6800 CITRUS BLVD
CINCINNATI OH 45262

6800 CITRUS BLVD
CINCINNATI OH 45262

2. Principal Place of Business

3. Mailing Address

6800 Cintas Blvd

6800 Cintas Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0196033

Applied For

Not Applicable

Zip

Country

Zip

Country

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 SOUTH 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, 2000 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	CEOD	<input type="checkbox"/> Delete
NAME	KOHLHEPP, ROBERT J	
STREET ADDRESS	6800 CINTAS BLVD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> Delete
NAME	FARMER, SCOTT D	
STREET ADDRESS	6800 CINTAS BLVD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FARMER, RICHARD T	
STREET ADDRESS	6800 CINTAS BLVD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JEANMOUGIN, DAVID T	
STREET ADDRESS	6800 CINTAS BLVD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALE, WILLIAM C	
STREET ADDRESS	6800 CINTAS BLVD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	POLLAK, DAVID	
STREET ADDRESS	6800 CINTAS BLVD	
CITY-ST-ZIP	CINCINNATI OH	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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:

William C. Gale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/98)



DATE: August 3, 2000
TO: Karen Beyer
FROM: Tim Reynolds
RE: Affirmed Medical 2000 Business Report
Karen:

Due to an address error in your system, we were not able to obtain the 2000 Florida Annual Report/Uniform Business Report booklet in time to file a timely report. Therefore, we ask that you please waive the additional \$400 penalty associated with a late filing.

If you have any questions or require additional information, please contact me directly at (513) 573-4896.