

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90298 001 *1,500.00

DOCUMENT # F98000006234

1. Entity Name

~~MCCLAIN & COMPANY BUSINESS SERVICES, INC.~~

CBIZ MCCLAIN ACCOUNTING, TAX & ADVISORY, INC.

Principal Place of Business
200 S. BISCAYBE BLVD
SUITE 1700
MIAMI FL 33131

Mailing Address
200 S. BISCAYBE BLVD
SUITE #2
MIAMI FL 33131



2. Principal Place of Business
6480 Rockside Woods Blvd.

Suite, Apt. #, etc.
Suite 330

City & State
Cleveland, OH

Zip
44131

Country

3. Mailing Address
6480 Rockside Woods Blvd.

Suite, Apt. #, etc.
Suite 330

City & State
Cleveland, OH

Zip
44131

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **34-1880215**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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	DVP	<input type="checkbox"/> Delete
NAME	GRISKO, JEROME P JR	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD S., SUITE 330	
CITY-ST-ZIP	CLEVELAND OH 44131	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAITO, MICHAEL DE	
STREET ADDRESS	200 S. BISCAYBE BLVD STE 1700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	URBAN, WILLIAM G	
STREET ADDRESS	200 S. BISCAYBE BLVD, STE 1700	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, FELICIA P	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD STE 330	
CITY-ST-ZIP	CLEVELAND OH 44131	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLEEPSSEN, MICHAEL W	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD SUITE 330	
CITY-ST-ZIP	CLEVELAND OH 44131	
TITLE	T	<input type="checkbox"/> Delete
NAME	AZZOLINA, DAVID S	
STREET ADDRESS	6480 ROCKSIDE WOODS BLVD SUITE 330	
CITY-ST-ZIP	CLEVELAND OH 44131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell D. Compton	
STREET ADDRESS	6480 Rockside Woods Blvd.	
CITY-ST-ZIP	Cleveland, OH 44131	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Gleespen 4/8/03

Date

Daytime Phone #

CR2E034 (10/02)