

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006369

1. Entity Name

HOME IMPROVEMENT ACCEPTANCE CORPORATION

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90052 049 ***150.00

Principal Place of Business

Mailing Address

4271 MONROE ST
TOLEDO OH 43606

4271 MONROE ST
TOLEDO OH 43606-1943

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1720045

Applied For

Not Applicable

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

TROMPETER, PATRICK J
17170 HARBOUR POINTE
SANIBEL HARBOUR TOWER #634
FT. MYERS FL 33908

Name

CT Corporation Systems

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

1200 South Pine Island Rd

City

Plantation

FL

Zip Code

33324

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

Charlotte Renee Cruz

Charlotte Renee Cruz, Asst. Secretary

1-12-00

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

TITLE **P** ☐ Delete
NAME **TROMPETER, PATRICK J**
STREET ADDRESS **17170 HARBOUR POINTE, SANIBEL HARBOR TOWER**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **T** ☐ Delete
NAME **HROVATICH, JOHN M**
STREET ADDRESS **17170 HARBOUR POINTE, SANIBEL HARBOR TOWER**
CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **S** ☐ Delete
NAME **ADLER, THOMAS A**
STREET ADDRESS **4271 MONROE ST.**
CITY-ST-ZIP **TOLEDO OH 43606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00

Daytime Phone #

419-472-4200

CR2E034 (9/99)