

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000545

1. Entity Name

WEST VALLEY DEVELOPMENT, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90231 023 ***150.00

Principal Place of Business

Mailing Address

3425 EXECUTIVE PARKWAY, SUITE 115
TOLEDO OH 43606

3425 EXECUTIVE PARKWAY, SUITE 115
TOLEDO OH 43606-1333

2. Principal Place of Business

3. Mailing Address

3232 EXECUTIVE PARKWAY

3232 EXECUTIVE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

SUITE 101

City & State

City & State

TOLEDO, OHIO

TOLEDO, OHIO

Zip

Country

Zip

Country

43606

LUCAS

43606

LUCAS

4. FEI Number

38-3148305-

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

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 PD ☐ Delete
NAME HARRIS, CRAIG
STREET ADDRESS 3425 EXECUTIVE PARKWAY, SUITE 115
CITY-ST-ZIP TOLEDO OH 43606

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

TITLE VD ☐ Delete
NAME HARRIS, JOANNE
STREET ADDRESS 3425 EXECUTIVE PARKWAY, SUITE 115
CITY-ST-ZIP TOLEDO OH 43606

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

TITLE SD ☐ Delete
NAME BRAGG, RALPH
STREET ADDRESS 608 MADISON AVE. #1000
CITY-ST-ZIP TOLEDO OH 43604

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

CR2E034 (9/99)