

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001171

1. Entity Name

W. E. MONKS & CO., INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90046 044 ***150.00

Principal Place of Business

Mailing Address

3073 NORTH HIGH ST.
COLUMBUS OH 43202

3073 NORTH HIGH ST.
COLUMBUS OH 43202-1107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0795346**

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	CP	<input type="checkbox"/> Delete
NAME	EDWARDS, EDGAR R	
STREET ADDRESS	3073 NORTH HIGH ST.	
CITY-ST-ZIP	COLUMBUS OH 43202	
TITLE	CV	<input type="checkbox"/> Delete
NAME	KASER, WAYNE M	
STREET ADDRESS	3073 NORTH HIGH ST.	
CITY-ST-ZIP	COLUMBUS OH 43202	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, RUSSELL T	
STREET ADDRESS	3073 NORTH HIGH ST.	
CITY-ST-ZIP	COLUMBUS OH 43202	
TITLE	DST	<input type="checkbox"/> Delete
NAME	METZGER, JAMES L	
STREET ADDRESS	3073 NORTH HIGH ST.	
CITY-ST-ZIP	COLUMBUS OH 43202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. METZGER, TREASURER 3-7400

Date

Daytime Phone #

(614) 267-4928

CR2E034 (9/99)