

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90726 028 ***150.00

DOCUMENT # F99000006018

1. Entity Name

COLLECTOR WELLS INTERNATIONAL, INC.

Principal Place of Business

**6360 HUNTLEY RD.
 COLUMBUS OH 43229**

Mailing Address

**6360 HUNTLEY RD.
 COLUMBUS OH 43229**

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

31-1590620

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, 2002 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 ☐ Delete
 NAME **PD SHEA, MICHAEL J**
 STREET ADDRESS **4541 CANDLEWICK CIRCLE BLDG 14**
 CITY-ST-ZIP **COLUMBUS OH 43230**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6425 STATE Route 656**
 CITY-ST-ZIP **CENTERBURG, OH 43011**

TITLE ☐ Delete
 NAME **VD NILGES, MARK W**
 STREET ADDRESS **7710 SEDDON DRIVE**
 CITY-ST-ZIP **DUBLIN OH 43016**

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

TITLE ☐ Delete
 NAME **STD SMITH, ANDREW J**
 STREET ADDRESS **54 CHATHAM**
 CITY-ST-ZIP **COLUMBUS OH 43214**

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

TITLE ☐ Delete
 NAME **VD FRENCH, JAMES A**
 STREET ADDRESS **1383 CREEKSIDE PLACE**
 CITY-ST-ZIP **REYNOLDSBURG OH 43068**

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

TITLE ☐ Delete
 NAME **V STOWE, SAM**
 STREET ADDRESS **308 WHISPERING PINES COURT**
 CITY-ST-ZIP **WORTHINGTON OH 43085**

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

TITLE ☐ Delete
 NAME **VD HUNT, HENRY**
 STREET ADDRESS **3719 PAMELA DRIVE**
 CITY-ST-ZIP **GAHANNA OH 43230**

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 (9/01)