

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90068 031 ***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**

☐ CHECK HERE IF MAKING CHANGES

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEA, MICHAEL J	
STREET ADDRESS	6425 STATE ROUTE 656	
CITY-ST-ZIP	CENTERBURG OH 43011	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NILGES, MARK W	
STREET ADDRESS	7710 SEDDON DRIVE	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, ANDREW J	
STREET ADDRESS	54 CHATHAM	
CITY-ST-ZIP	COLUMBUS OH 43214	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRENCH, JAMES A	
STREET ADDRESS	1383 CREEKSIDE PLACE	
CITY-ST-ZIP	REYNOLDSBURG OH 43068	
TITLE	V	<input type="checkbox"/> Delete
NAME	STOWE, SAM	
STREET ADDRESS	308 WHISPERING PINES COURT	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUNT, HENRY	
STREET ADDRESS	3719 PAMELA DRIVE	
CITY-ST-ZIP	GAHANNA OH 43230	

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	
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-03

614 888-2263

CR2E034 (10/02)