

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90119 026 ****55.00

DOCUMENT # MO1000000929

1. Entity Name

NATIONAL CITY ABSTRACT, LLC

Principal Place of Business

**103-105 BRILLIANT AVENUE
ASPINWALL PA 15215**

Mailing Address

**103-105 BRILLIANT AVENUE
ASPINWALL PA 15215**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

629 EUCLID AVE, 01-3920

ATTN: ELIZABETH HAGMAN

Cleveland, OH 410

44114

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2303260

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **COOK, THOMAS J**
STREET ADDRESS **629 EUCLID AVENUE. LOC. 01-3920**
CITY-ST-ZIP **CLEVELAND OH 44114-3484**

TITLE **MGR** ☐ Delete
NAME **HAGMAN, ELIZABETH A**
STREET ADDRESS **629 EUCLID AVENUE. LOC. 01-3920**
CITY-ST-ZIP **CLEVELAND OH 44114-3484**

TITLE **MGR** ☐ Delete
NAME **KRYSIK, PETER J**
STREET ADDRESS **103-105 BRILLIANT AVE,**
CITY-ST-ZIP **ASPINWALL PA 15215**

TITLE **MGR** ☐ Delete
NAME **BIBB, PAUL E JR.**
STREET ADDRESS **3800 BUFFALO SPEEDWAY, SUITE 520**
CITY-ST-ZIP **HOUSTON TX 77098**

TITLE **MGR** ☐ Delete
NAME **BOLLMAN, JOHN D**
STREET ADDRESS **3232 NEWMARK DRIVE**
CITY-ST-ZIP **MIAMISBURG OH 45342**

TITLE **MGR** ☐ Delete
NAME **WALTER, JOHN D**
STREET ADDRESS **3232 NEWMARK DRIVE**
CITY-ST-ZIP **MIAMISBURG OH 45342**

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Elizabeth Hagman **Elizabeth Hagman** 01/28/02 216-222-2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)