

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90641 036 ***150.00

DOCUMENT # P00000010167

1. Entity Name

~~STYLE INVESTMENTS, INC.~~
CINCINNATI HOLDING, INC.

N/C 2/21/00 (TM)

Principal Place of Business

**4134 GULF OF MEXICO DRIVE SUITE 302
 LONGBOAT KEY FL 34228**

Mailing Address

**4134 GULF OF MEXICO DRIVE SUITE 302
 LONGBOAT KEY FL 34228**

2. Principal Place of Business

**4134 GULF OF MEXICO DRIVE
 Suite, Apt. #, etc.
 SUITE 212**

3. Mailing Address

**4134 GULF OF MEXICO DRIVE
 Suite, Apt. #, etc.
 SUITE 212**

City & State

LONGBOAT KEY FLORIDA

City & State

LONGBOAT KEY FLORIDA

Zip

34228

Country

USA

Zip

34228

Country

USA

4. FEI Number

65-1086976

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FORD, ROY

**4134 GULF OF MEXICO DRIVE SUITE 302
 LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name

KELLY, DAVID A

Street Address (P.O. Box Number is Not Acceptable)

4134 GULF OF MEXICO DRIVE

SUITE 212

City

LONGBOAT KEY

FL

Zip Code

34228

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

04/26/01

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, 2001 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

TITLE **PD** ☒ Delete
 NAME **FORD, ROY**
 STREET ADDRESS **4134 GULF OF MEXICO DRIVE SUITE 302**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☒ Addition
 NAME **KELLY, DAVID A**
 STREET ADDRESS **4134 GULF OF MEXICO DRIVE, SUITE 212**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☒ Addition
 NAME **MULKERNS, TERRY**
 STREET ADDRESS **4134 GULF OF MEXICO DRIVE, SUITE 212**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☒ Change ☐ Addition
 NAME **FORD, ROY**
 STREET ADDRESS **4134 GULF OF MEXICO DRIVE, SUITE 212**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☒ Addition
 NAME **BRUCKNER, WOLFGANG C**
 STREET ADDRESS **4134 GULF OF MEXICO DRIVE, SUITE 212**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☒ Addition
 NAME **BRUCKNER, DAPHNE M**
 STREET ADDRESS **4134 GULF OF MEXICO DRIVE, SUITE 212**
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

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:

KELLY, DAVID A

04/26/01

Date

941-387-8972

Daytime Phone #

CR2E034 (10/00)