

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90039 037 ***150.00

DOCUMENT # P07137

1. Entity Name

LANTZ, JONES AND NEBRASKA, INC.

Principal Place of Business

Mailing Address

**1166 DUBLIN RD. SUITE 200
 COLUMBUS OH 43215-1038**

**1166 DUBLIN RD. SUITE 200
 COLUMBUS OH 43215-1038**

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 **31-0814185**

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

**HARVIN, WESLEY R.
 3727 S.E. OCEAN BLVD.
 SUITE 101
 STUART FL 33494**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☒ Delete
 NAME **REZABEK, COLLEEN S**
 STREET ADDRESS **3869 POPLAR BEND DRIVE**
 CITY-ST-ZIP **COLUMBUS OH**

TITLE **T** ☐ Change ☒ Addition
 NAME **Gibbs, Joan L**
 STREET ADDRESS **1532 Raspberry Run Dr.**
 CITY-ST-ZIP **Columbus, OH**

TITLE **PD** ☐ Delete
 NAME **NEBRASKA, JAMES E.**
 STREET ADDRESS **1984 SAMADA AVENUE**
 CITY-ST-ZIP **WORTHINGTON OH**

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

TITLE **STD** ☐ Delete
 NAME **LANTZ, PAUL WILLIAM**
 STREET ADDRESS **615 E. TOWN STREET**
 CITY-ST-ZIP **COLUMBUS OH**

TITLE **CD** ☒ Change ☐ Addition
 NAME **Lantz, Paul William**
 STREET ADDRESS **615 E. Town St.**
 CITY-ST-ZIP **Columbus, OH**

TITLE **VD** ☐ Delete
 NAME **SHELLEY, WILLIAM R.**
 STREET ADDRESS **3661 KENNYBROOK LANE**
 CITY-ST-ZIP **COLUMBUS OH**

TITLE **VDS** ☒ Change ☐ Addition
 NAME **Shelley, William R**
 STREET ADDRESS **3661 Kennybrook Lane**
 CITY-ST-ZIP **Columbus, OH**

TITLE **VD** ☐ Delete
 NAME **BAUMANN, ROBERT**
 STREET ADDRESS **4112 RED COAT LANE**
 CITY-ST-ZIP **COLUMBUS OH**

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

TITLE **VD** ☐ Delete
 NAME **HAWK, SCOTT L**
 STREET ADDRESS **3775 WAVERLY PLACE DR**
 CITY-ST-ZIP **LEWIS CENTER OH**

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 any address, with all other like empowered.

SIGNATURE:

Paul William Lantz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01
 Date

614-481-9800
 Daytime Phone #

CR2E034 (10/00)