

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90307 011 ***150.00

DOCUMENT # P16952

1. Entity Name
ROPPE CORPORATION



Principal Place of Business
**1602 NORTH UNION STREET
FOSTORIA OH 44830**

Mailing Address
**1602 NORTH UNION STREET
FOSTORIA OH 44830**

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 **34-1535998**

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

**A.G.C. CO
2300 SUN BANK CENTER
200 S. ORANGE ST
ORLANDO FL 32801**

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** ☐ Delete
NAME **MILLER, DONALD P.**
STREET ADDRESS **1602 NORTH UNION STREET**
CITY-ST-ZIP **FOSTORIA OH**

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

TITLE **VPT** ☐ Delete
NAME **BAKER, MARK J**
STREET ADDRESS **1602 NORTH UNION STREET**
CITY-ST-ZIP **FOSTORIA OH**

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

TITLE **D** ☐ Delete
NAME **SCHALK, EUGENE N.**
STREET ADDRESS **1602 NORTH UNION STREET**
CITY-ST-ZIP **FOSTORIA OH**

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

TITLE **D** ☐ Delete
NAME **SANDMAN, DAN**
STREET ADDRESS **1602 NORTH UNION STREET**
CITY-ST-ZIP **FOSTORIA OH**

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

TITLE **VPD** ☐ Delete
NAME **MILLER, JUDY R**
STREET ADDRESS **1602 N UNION ST**
CITY-ST-ZIP **FOSTORIA OH**

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

TITLE **S** ☐ Delete
NAME **GILLETT, ANGELA**
STREET ADDRESS **1602 NORTH UNION STREET**
CITY-ST-ZIP **FOSTORIA OH**

TITLE ☐ Change ☐ 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:

Wendy B. Bequaere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03

Date

419-435-8546

Daytime Phone #

CR2E034 (10/02)

Roppe Corporation
34-1535998

ATTACHMENT TO OFFICERS/DIRECTORS:

Additions:

P

Gillett, Donald
1602 N. Union Street
Fostoria, OH 44830

Attachment

10058290

P16952