

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21386

1. Entity Name

STATE DISCOUNT BROKERS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90059 025 ***150.00

Principal Place of Business

Mailing Address

27600 CHAGRIN BLVD.
BEACHWOOD OH 44122

27600 CHAGRIN BLVD.
BEACHWOOD OH 44122-4439

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SALTZ, SHAMIS & GOLDFARB INC.

Certified Public Accountants

**31105 BAINBRIDGE ROAD
CLEVELAND, OHIO 44139**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1469060

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

BRUCE, SHERRY L.
2831 N FEDERAL HWY
BOCA RATON FL 33431

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 reinstalling)

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVS
BRUCE, SHERRY L.
5555 HUMMINGBIRD CIRCLE
SOLON OH 44139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
27600 CHAGRIN BLVD. #140
WOODMERE, OHIO 44122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BRUCE, SHERRY L.
5555 HUMMINGBIRD CIRCLE
SOLON OH 44139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
27600 CHAGRIN BLVD. #140
WOODMERE, OHIO 44122

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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

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: *Sherry L Bruce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)