

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90077 033 \*\*\*150.00

**DOCUMENT # P24391**

1. Entity Name  
**MPW INDUSTRIAL SERVICES, INC.**

Principal Place of Business      Mailing Address  
**9711 LANCASTER ROAD, S.E.**      **9711 LANCASTER ROAD, S.E.**  
**HEBRON OH 43025**      **HEBRON OH 43025**

00001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.  
**10814 S. NAPLES CT.**

City & State      City & State  
**JACKSONVILLE, FLORIDA**

4. FEI Number      Applied For  
**31-1014212**       Not Applicable

Zip      Country      Zip      Country  
**32218**

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS STREET**  
**SUITE 2**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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, 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  Delete  
**CEO**  
 NAME **BLACK, MONTE R**  
 STREET ADDRESS **1400 STRINGTOWN RD**  
 CITY-ST-ZIP **LANCASTER OH**

TITLE  Change  Addition  
**VICE PRESIDENT**  
 NAME **Brad Martyn**  
 STREET ADDRESS **9711 Lancaster Rd SE**  
 CITY-ST-ZIP **Hebron OH 43025**

TITLE  Delete  
**P**  
 NAME **KANE, IRA O**  
 STREET ADDRESS **181 STANBERY AVE**  
 CITY-ST-ZIP **COLUMBUS OH**

TITLE  Change  Addition

TITLE  Delete  
**VPCF**  
 NAME **BUETTIN, DANIEL P**  
 STREET ADDRESS **8207 ROOKERY WAY**  
 CITY-ST-ZIP **WESTERVILLE OH**

TITLE  Change  Addition

TITLE  Delete  
**D**  
 NAME **BLACK, MONTE R.**  
 STREET ADDRESS **9711 LANCASTER RD., S.E.**  
 CITY-ST-ZIP **HEBRON OH**

TITLE  Change  Addition

TITLE  Delete  
**D**  
 NAME **WALSH, TIMOTHY**  
 STREET ADDRESS **9711 LANCASTER RD SE**  
 CITY-ST-ZIP **HEBRON OH**

TITLE  Change  Addition

TITLE  Delete  
**D**  
 NAME **OYSTER, BOB**  
 STREET ADDRESS **6600 PORT ROAD**  
 CITY-ST-ZIP **GROVEPORT OH**

TITLE  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: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/99)