2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29283 1. Entity Name

COLUMBUS - AMERICA DISCOVERY GROUP, INC.						05-18-2001 91561 017 ***150.00				
Principal Place of Business 433 WEST SIXTH AVENUE COLUMBUS OH 43201		Mailing Address 433 WEST SIXTH AVENUE COLUMBUS OH 43201					·			
2. Principal F	Place of Business	3. Mailing Address			_					
							,		() MINTA (NN)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS	SPACE.		
City & State		City & State		4. F	El Number 31-122103	0	—	oplied For ot Applicable	}	
Zip Country		Zip Count		try			\$8.75 Ad	ditional	1	
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New I	Registered		,u	1
			• • • • • • • • • • • • • • • • • • • •	Name						1
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						1
PLANTATION FL 33324										1
				City			F	Zip Cod	le	1
8. The above	e named entity submits this statement for statement for signature, typed or printed name of registered agent			ed office or regional of the design of the d			orida.			
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!! After MAY 1, 200 Make Check Payab	will be \$550.0		Trust fund Continuation. — Added to 1 ees					
11. OFFICERS AND DIRECTORS			12.		AD	DITIONS/CHANGES TO OF	ICERS AN	ID DIRECTOR	S IN 11	1,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, THOMAS G. 5101 N A1A FT PIERCE FL	□ Delete		1				☐ Change	☐ Addition	00,01, 1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, ROBERT D. 500 E. MAYNARD COLUMBUS OH	☐ Delete			•••			☐ Change	☐ Addition	160
TITLE NAME STREET ADDRESS CITY-ST-ZiP	S LOVELAND, CURTIS A., ESQ 41 SOUTH HIGH STREET COLUMBUS OH	☐ Delete					Take upo	Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURLEY, DEBRA L 644 THISTLE AVE. GAHANNA OH	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBOL, RICHARD T 433 W. 6TH AVE. COLOMBUS OH	□ Delete						☐ Change	Addition	
TITLE		☐ Delete	TITLE	i i				☐ Change	☐ Addition	1

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: * Selve

STREET ADDRESS

Believe L. Bully D. 1614 L. Burley
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED May 18, 2001 8:00 am Secretary of State