2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P34090 **DOCUMENT#** 1. Entity Name

FILED May 07, 2003 8:00 am Secretary of State

05-07-2003 90145 047 ***150.00

SFA HOL	С.											
Principal Place 4029 LIGHTHO NAPLES FL 34 US	DUSE LANE	Mailing Address 41 S. HIGH CT HC0640 COLUMBUS OH 43215 US										
2. Principal Place of Business 3. Mailing Address					ress						<u>i bibii bibii i</u>	
Suite, Apt. #, etc.			-Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. i		FEI Number 31-1326256		\vdash	Applied For Not Applicable	
Zip Country			Zip	Zip Cour		ry 5. Certific		Certificate of Status Desired	\$9.75 Autoliana		Additional	
6. Name and Address of Current			Registere	ed Agent	7. Name and Address of New Registered Agent							
	<u>_</u>					Name						\neg
1200 S. PINE ISLAND ROAD					~-	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324										·····		
					City			F	Zip C	ode		
	named entity tions of regist		or the purp	ose of changing its	registere	ed office or register	ed age	ent, or both, in the State of Floric	da. Lar	n familiar wit	h, and acc	ept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	licable. (NOT	E: Registere	d Agent signature required	when re	instating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department o	f State					Election Campaign Finar Trust Fund Contribution.	ncing		.00 May led to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AN	ND DIRECTO	DRS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R. Larry High Street S Oh 43215		☐ Delete	1					☐ Chang	e 🗌 Add	dition 60
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ach, John High Street S oh		☐ Delete						☐ Change	e □ Ado	dition C
TITLE NAME	T VANFLEET	, JOHN		☐ Delete	TITLE	E				☐ Change	e 🗌 Ado	dition
STREET ADDRESS CITY-ST-ZIP	COLUMBU	HIGH STREET S OH			1	ET ADDRESS - ST- ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISLER, DAV 41 SOUTH COLUMBU	/ID F HIGH STREET S OH 43215		☐ Oelete						Change	e □ Ado	dition
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete		ŀ				☐ Change	e 🗀 Add	lition
TITLE NAME STREET ADDRESS			•	☐ Delete	TITLE NAMI STRE					Change	e 🗀 Add	lition

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.

Daytime Phone #