

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P34824**

1. Entity Name

INVESTMENT RESOURCES, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90121 011 ***150.00

Principal Place of Business 1650 LAKE SHORE DRIVE SUITE 220 COLUMBUS OH 43204 US	Mailing Address 1650 LAKE SHORE DRIVE SUITE 220 COLUMBUS OH 43204-4894 US
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2. Principal Place of Business	3. Mailing Address
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DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number **31-1061769**

Applied For

Not Applicable

Zip	Country	Zip	Country
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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****HENNEY, SCOTT**
1650 GULF SHORE BLVD.
UNIT 1106
NAPLES FL 34103

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 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 State10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, VICTOR A	
STREET ADDRESS	2995 GILLIGANS CT.	
CITY-ST-ZIP	COLUMBUS OH 43221	

TITLE	D	<input type="checkbox"/> Delete
NAME	HENNEY, SCOTT K	
STREET ADDRESS	4255 GULF SHORE BLVD., UNIT 1105	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Victor A. Baker, President 1/20/2000 614-488-1133