

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34874

1. Entity Name  
MFI INVESTMENTS CORP. OF SOUTHERN FLORIDA

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90075 038 \*\*\*150.00

Principal Place of Business

P.O. BOX 567  
102 N MAIN ST  
BRYAN OH 43506  
US

Mailing Address

P.O. BOX 567  
102 N MAIN ST  
BRYAN OH 43506  
US

928813



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-0877425

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2002 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 P ☒ Delete  
NAME GIOIA, ROBERT M  
STREET ADDRESS 2416 RTE 576  
CITY-ST-ZIP BRYAN OH 43506

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

TITLE V ☐ Delete  
NAME LOSBY, THOMAS D  
STREET ADDRESS 131 DEERFIELD CIRCLE  
CITY-ST-ZIP BRYAN OH 43506

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Thomas D. Losby  
CITY-ST-ZIP 131 Deerfield Circle  
Bryan, OH 43506

TITLE T&D ☐ Delete  
NAME FAULKNER, WILLIAM L  
STREET ADDRESS 6744 SWEET BRUSH COURT  
CITY-ST-ZIP SYLVANIA OH 43560

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS William L. Faulkner  
CITY-ST-ZIP 6744 Sweet Brush Court  
Sylvania, OH 43560

TITLE D ☐ Delete  
NAME DAVIS, WILLIAM C  
STREET ADDRESS 2520 MEADOWWOOD DRIVE  
CITY-ST-ZIP TOLEDO OH 43606

TITLE ☐ Change ☒ Addition  
NAME Secretary/Treasurer  
STREET ADDRESS Mari A. Ivan  
CITY-ST-ZIP 1070 N. Williams  
Paulding, OH 45879

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS John W. Cameron  
CITY-ST-ZIP 8931 Sycamore Trail  
Sylvania, OH 43560

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**  
Thomas D. Losby

2-4-02

419 636-1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)