

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90075 038 ***150.00

DOCUMENT # P34874

1. Entity Name
MFI INVESTMENTS CORP. OF SOUTHERN FLORIDA

928813



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 567 **P.O. BOX 567**
102 N MAIN ST **102 N MAIN ST**
BRYAN OH 43506 **BRYAN OH 43506**
US **US**

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

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

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

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

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

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President** Change Addition
 NAME **John W. Cameron**
 STREET ADDRESS **8931 Sycamore Trail**
 CITY-ST-ZIP **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: **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)