

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000045208

FILED
Jul 18, 2002
Secretary of State

Entity Name: CORKSCREW PARTNERS, INC.

Current Principal Place of Business:

% NORTH AMERICAN PROP. OF SO. FLA.
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

% NORTH AMERICAN PROP. OF SO. FLA.
12995 S. CLEVELAND AVE., SUITE 214
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0517005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFELE, DALE G
12995 S. CLEVELAND AVE.
SUITE 214
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: HAFELE, DALE G
Address: 12995 S. CLEVELAND AVE., STE. 214
City-St-Zip: FORT MYERS, FL

Title: D () Delete
Name: WILLIAMS, THOMAS L
Address: 212 EAST 3RD ST., STE. 300
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: WILLIAMS, JOSEPH W JR.
Address: 212 E THIRD ST STE 300
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: GROTE, RICHARD W
Address: 212 E THIRD ST STE 300
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: GROTE, THOMAS D
Address: 212 E THIRD ST STE 300
City-St-Zip: CINCINNATI, OH 45202

Title: O () Delete
Name: SPREHN, SUSAN M
Address: 12995 CLEVELAND AVE STE 214
City-St-Zip: FT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. SPREHN

O

07/18/2002

Electronic Signature of Signing Officer or Director

Date