

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082907

1. Entity Name

PELCO CORP.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90038 030 ***150.00

Principal Place of Business

Mailing Address

24200 CHAGRIN BLVD
 SUITE 237
 BEACHWOOD OH 44122
 US

24200 CHAGRIN BLVD
 SUITE 237
 BEACHWOOD OH 44122-5531
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2142649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, WENDY ESQ.
 200 S. ORANGE AVE.
 SUITE 2300
 ORLANDO FL 32801-3432

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 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 ☐ Delete
 NAME D
 STREET ADDRESS SIEGAL, MICHAEL
 CITY-ST-ZIP 5060 RICHMOND RD
 BEDFORD HEIGHTS OH 44124

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS SIEGAL, SOL
 CITY-ST-ZIP 5060 RICHMOND RD
 BEDFORD HEIGHTS OH 44124

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WASSERSTROM, SANFORD
 CITY-ST-ZIP 24200 CHAGRIN SUITE 237
 BEACHWOOD FL 44122

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sanford Wasserstrom
 Treasurer Sanford Wasserstrom

Date

Daytime Phone #

4/27/00 (214) 931-8840

CR2E034 (9/99)