a business repor	it (UBR)
P96000029949	
C .	•
l	M Business Repor P96000029949 IC.

Principal Plac	ce of Business	Mailing Address					
7920 COOPE	RRD	-7826-COOPER RD					
CINCINNATI	OH 45242	CINCINNATI OH 45242					
-∪ 6		US		ļ			
ĺ							
. 2. Principal f	Place of Business	3. Mailing Address .					I BIBLIO VALIE LOGIE
Grove a		Grove as lovel	and Squaxe	,		***************************************	
Suite, Apt		Suite, Apt. #, etc.	M O CHULKO		DO NOT WRITE IN TH	IC CDACE	
3510 US	s. Huy 98 N.	3570 U.S. Hu	is an VI		DO NOT WRITE IN TH	IS SPACE	
City & Sta	ite)	City & State	") <u>'' '' '' ''</u>	4	FEI Number		pplied For
1 weila	id Morida	laveland	Florida	"	58-2235617		lot Applicable
Zip	Country	Zip	Country			\$8.75 Ac	
35%O	1. A.2.U F	33809	UISA.	5.	Certificate of Status Desired	Fee Requir	
	6. Name and Address of Current	Registered Agent	9-973	7.	Name and Address of New Registers	d Agent	
			Name		^ .		
_MCGRATI	H , Gregory- K		Mich	<u> </u>	arty Services Chai	p, Inc.	
	L F-OF-MEXICO D R		Street Addi	ress (P.O. I	Box Number is Not Acceptable)	•	
-1017			CHOIL	<u> </u>	Coopera Sylvato		
	AT MEN EL GADO		12210	172	Huy 48 D.		
LUNGBU	AT KEY FL 34228		Fity	600)	L 4800	50
9 The about	a parad actitus a basita this atata as at fa		Luken	willo		- 15/10	,01
G. THE above	e named entity submits this statement for	rthe purpose or changing its	s registered office or re	gistered ag	gent, or both, in the State of Florida.		
	Mark & Wilson	n VP Ma	1 1 W/	SON.	VP 2/10	102	İ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NO)	E: Registered Agent signature re	·		102	
		(10)	TE. Progratored Prograt digitation (Equited Wilein	- UATI	-	
	oration is eligible to satisfy its Intangible		!!! FEE IS \$150.00		10. Election Campaign Financing	¢E (
	requirement and elects to do so.		002 Fee will be \$550		Trust Fund Contribution.		00 May Be
(See crite	ria on back)	Make Check Paya	ble to Department of	f State	Trust Fund Contribution.	Adde	d to Fees
(See criter	ria on back)OFFICERS AND	Make Check Paya		f State		Adde	d to Fees
(See criteral) 11.	OFFICERS AND	Make Check Paya	12.	f State	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A	Adde	d to Fees
(See crite) 11. TITLE NAME	OFFICERS AND PSTD MCGRATH, GREGORY	Make Check Payal	12.	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A	Adde	d to Fees
(See crite) 11. TITLE NAME STREET ADDRESS	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal	12. TITLE NAME STREET ADDRESS	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOTION 5. HWY Q8 N:	Adde	d to Fees
(See crite) 11. TITLE NAME	OFFICERS AND PSTD MCGRATH, GREGORY	Make Check Payal	12.	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A	Adde	d to Fees
(See crite) 11. TITLE NAME STREET ADDRESS	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal	12. TITLE NAME STREET ADDRESS	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOTION 5. HWY Q8 N:	Adde	d to Fees
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOTION 5. HWY Q8 N:	Adde ND DIRECTOR Change	d to Fees IS IN 11 Addition
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOTION 5. HWY Q8 N:	Adde ND DIRECTOR Change	d to Fees IS IN 11 Addition
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOTION 5. HWY Q8 N:	Adde ND DIRECTOR Change	d to Fees IS IN 11 Addition
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOTION 5. HWY Q8 N:	Adde ND DIRECTOR Change	d to Fees IS IN 11 Addition
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOTION 5. HWY Q8 N:	Adde ND DIRECTOR Change	d to Fees IS IN 11 Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change	d to Fees IS IN 11 Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change	d to Fees IS IN 11 Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change	d to Fees IS IN 11 Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change Change	S IN 11 Addition Addition
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change Change	S IN 11 Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change Change	S IN 11 Addition Addition
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change Change	Addition Addition
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete Delete	Die to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change Change	S IN 11 Addition Addition
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete Delete	Die to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change Change	Addition Addition	
(See crite) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PSTD MCGRATH, GREGORY 7826 COOPER RD	Make Check Payal DIRECTORS Delete Delete Delete	I 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	f State AD OR AD	Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS A XSTOVINO 5. HWY Q8 N:	Adde ND DIRECTOR Change Change	Addition Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

513 936 3408