## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 13, 2001 8:00 am DOCUMENT # P97000031940 **Secretary of State** 1. Entity Name TRANSOHIO PROPERTIES, INC. 03-13-2001 90007 009 \*\*\*150.00 Principal Place of Business Mailing Address 130 EAST MAIN STREET 130 E MAIN ST KENT OH 44240 **KENT OH 44240** 2. Principal Place of Business 3. Mailing Address JO EAST SAME WHIM Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0742379 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 20RTIACE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARTHUR, JAMES W. 3233 N.E. 34TH STREET **APT. 322** FT. LAUDERDALE FL 33308 City 8. The above named entity submits this statement for the purpose of changing its registered office or (NOTE: Registered Agent signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Change ☐ Addition TITLE Delete ARTHUR, JAMES W NAME NAME 3233 N.E. 34TH STREET STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Detete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address,

INNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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 emptioned to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

one 1954 - Sayrime hope # 2697