

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90221 046 \*\*\*150.00

DOCUMENT # P98000029572

1. Entity Name

INTERLIFT ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5817 Glenholm Circle

Suite, Apt. #, etc.

3. Mailing Address

5667 Schaaf Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, Florida

City & State

Cleveland, Ohio

4. FEI Number

59-3513177

Applied For

Not Applicable

Zip

39119

Country

USA

Zip

44131

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Philip Graffy

Street Address (P.O. Box Number is Not Acceptable)

5817 Glenholm Circle

City

Naples

FL

Zip Code  
39119

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P/T

Philip J. Graffy

5817 Glenholm Circle

Naples, Florida 39119

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPS

Robert G. Graffy

199 Audubon Blvd

Naples, Florida 34110

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP

Douglas L Simcox

5667 Schaaf Road

Cleveland, OH 44131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS SIMCOX

Date

Daytime Phone #

4/22/02 216.328.0970

CR2E034B (12/01)