

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

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90115 032 \*\*\*150.00

DOCUMENT # **S17768**

1. Entity Name

**239 MAIN STREET, INC**

**DO NOT WRITE IN THIS SPACE**

**10072218**

2. Principal Place of Business

3. Mailing Address

**2515 CADWALLADER SONK RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CORTLAND OH**

Zip

Country

Zip

Country

**44410**

4. FEI Number

**65-0255036**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**GRAND LEONARD E**

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

**3440 HOLLYWOOD BLVD. STE 450**

City

**HOLLYWOOD**

FL

Zip Code

**33021**

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	COHEN, ROSE E	2515 CADWALLADER SONK RD	CORTLAND, OH 44410				
VPD	COHEN, MARTIN L	2515 CADWALLADER SONK RD	CORTLAND, OH 44410				
STD	MICHAELSON, SHARMAN	709 WESTMINSTER DR	GREENSBORO, NC 27410				

**DO NOT WRITE  
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARTIN L. COHEN**

**4-16-03**

Date

**330-392-2525**

Daytime Phone #