

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90053 003 ***158.75

0454359 AV

DOCUMENT # S71550

1. Entity Name
SCANLAB, INC.

Principal Place of Business
624 CHESTNUT STREET
CLEARWATER FL 33756
US

Mailing Address
PO BOX 1438
CLEARWATER FL 33757
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16150 Brook Park RD.

3. Mailing Address
16150 Brook Park RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEVELAND OHIO

City & State
CLEVELAND OHIO

4. FEI Number
59-3235379

Applied For
 Not Applicable

Zip
44135

Country
USA

Zip
44135

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUCHWALTER, DOUGLAS M
1172 BROWNELL STREET
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEIDEMANN, ANDERS 26 WINSTON DR BELLEAIR FL 33756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD VAUGHN, FRANK 470-11 BENT CREEK OVAL AURORA OH 44202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, JACK 2745 GIBSON DRIVE ROCKY RIVER OH 44116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREERY, ROBERT 3190 ROUNDWOOD ROAD CHAGRIN FALLS OH 44022	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCVEAN, DUNCAN 6122 LIBERTY ROAD OLON OH 44139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOWLING, PATRICK 5906 E CATAWBA BEACH DRIVE PORT CLINTON OH 43452	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT RANDERIA 7574 WEST 82ND ST PLAYA DEL REY CA 90203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL STRADTMAN 12203 BLUFFSIDE PL STRONGSVILLE OH 44136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Patrick P. Dowling Jr* **PATRICK P. DOWLING JR** **2/11/02** **216-362-1840**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)