



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/22/2002	200211200634	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

AMERICANA SEALING & STRIPING CO.
PO BOX 111
105 HARRISON STREET
SUMMIT ST, OH 43078

STATE OF OHIO**Ohio Secretary of State, J. Kenneth Blackwell****1313528**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AMERICANA SEALING & STRIPING CO.

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 04/19/2002

Expiration Date: 04/19/2007

Document No(s):

200211200634

JOHN BOGGS
105 HARRISON STREET
PO BOX 111
SUMMIT ST, OH 43078



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 19th day of April, A.D.
2002.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

NAME REGISTRATION

(For Domestic Profit or Non-Profit)

Filing Fee \$50.00

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☐ No PO Box 672
Columbus, OH 43216

RECEIVED
SECRETARY OF STATE
APR 19 PM 3:51
PLANT SERVICES CENTER
APPROVED
as new
date 4-19-02
amount \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Trade Name (167-RNO) <i>Am</i> Date of first use <u>04/19/02</u> MM/DD/YYYY	(2) ☐ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No.
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

AMERICAN SEALING & STRIPING CO.

The Registrant is (Check Appropriate Box)

- | | |
|---|--|
| ☒ Individual | ☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____ |
| ☐ Limited Partnership: Reg. No. _____ | ☐ Unincorporated Association |
| ☐ Ohio Limited Liability Co., Reg. No. _____ | ☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____ |
| ☐ Ohio Corporation, Charter No. _____ | |
| ☐ General Partnership | |
| ☐ Other _____ | |

The name of the registrant designated above is

John Boggs

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed on Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

105 HARRISON ST Po, Box 111
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Summit ST
(City)

Licking
(County)

OHIO
(State)

43078
(Zip Code)

Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

SEALING DRIVEWAY

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

Must be authenticated by an authorized representative

Authorized Representative

04-19-02

Date

Authorized Representative

Date