

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90160 031 ***150.00

DOCUMENT # F00000004842

1. Entity Name
BUSINESS STRATEGY AUDIT SERVICES, INC.



Principal Place of Business
944 52ND ST SE
GRAND RAPIDS MI 49508

Mailing Address
944 52ND ST. SE
GRAND RAPIDS MI 49508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 38-3038374

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☐ Delete
NAME **FAYON, CHARLES**
STREET ADDRESS **6463 CROOKED CREEK**
CITY-ST-ZIP **HOWARD CITY MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **VAN DYKE, DENNIS**
STREET ADDRESS **5263 LONDONBERRY SE**
CITY-ST-ZIP **KENTWOOD MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **GEELHOED, DANIEL**
STREET ADDRESS **1810 WOODCLIFF SE**
CITY-ST-ZIP **GRAND RAPIDS MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KISTLER, DAVID**
STREET ADDRESS **2193 GREENDALE DR.**
CITY-ST-ZIP **JENISON MI**

TITLE ☒ Change ☐ Addition
NAME **Vice Pres of Fed Ance**
STREET ADDRESS **And Director**
CITY-ST-ZIP **DAVID KISTLER**
2193 Greendale Dr
JENISON, MI 49428

TITLE **VP** ☐ Delete
NAME **GOWANS, ANTHONY**
STREET ADDRESS **4257 STONEBRIDGE RD #9**
CITY-ST-ZIP **WYOMING MI 49509**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/03 616-261-2200

CR2E034 (10/02)