

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003756

1. Entity Name

INDEPENDENT OPPORTUNITIES OF MICHIGAN, INC.

Principal Place of Business

45199 CASS AVENUE  
UTICA MI 48315

Mailing Address

45199 CASS AVENUE  
UTICA MI 48315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

48317

48317

4. FEI Number

38-3199090

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

CORPORATE ACCESS, INC.  
236 EAST 6TH AVE.  
TALLAHASSEE FL 32303

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME KILIAN, TONY  
STREET ADDRESS 3382 QUINN RD.  
CITY-ST-ZIP EMMETT MI ☐ Delete

TITLE S  
NAME Audretsch, Erich  
STREET ADDRESS 15419 Middlebelt  
CITY-ST-ZIP Livonia, MI 48154 ☐ Change ☒ Addition

TITLE V  
NAME LEWIS, JEROME  
STREET ADDRESS 8035 WEST 7 MILE RD.  
CITY-ST-ZIP DETROIT MI ☐ Delete

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

TITLE S  
NAME SPRAU, GREG  
STREET ADDRESS 36029 FRIDAY  
CITY-ST-ZIP RICHMOND MI ☒ Delete

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

TITLE T  
NAME SMITH, TONY  
STREET ADDRESS 27134 GALASSI  
CITY-ST-ZIP CHESTERFIELD MI ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 617, 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:

*Tony Kilian* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 11, 2002 8:00 am  
Secretary of State

03-11-2002 90037 035 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)