

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90097 007 \*\*\*150.00

0667354 AB

**DOCUMENT # F94000003890**

1. Entity Name  
**HASTINGS MANUFACTURING COMPANY**



Principal Place of Business  
**325 N. HANOVER  
HASTINGS MI 49058**

Mailing Address  
**325 N. HANOVER  
HASTINGS MI 49058**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-0633740**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**TUBBERGEN, STANLEY C  
2400 16 ST. NE, UNIT 112  
POMPANO BEACH FL 33062**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DV	<input type="checkbox"/> Delete
NAME	GUENTHER, JEFFREY P	
STREET ADDRESS	1029 S MICHIGAN AVE	
CITY-ST-ZIP	HASTINGS MI 49058	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSON, ANDREW F	
STREET ADDRESS	1006 W. CLINTON STREET	
CITY-ST-ZIP	HASTINGS MI 49058	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JOHNSON, MARK R	
STREET ADDRESS	11155 HASTINGS POINT ROAD	
CITY-ST-ZIP	MIDDLEVILLE MI 49333	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KOOP, DALE W	
STREET ADDRESS	577 INDIAN HILLS DRIVE	
CITY-ST-ZIP	HASTINGS MI 49058	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BENNETT, MONTY C	
STREET ADDRESS	1706 S. BROADWAY	
CITY-ST-ZIP	HASTINGS MI 49058	
TITLE	CS	<input type="checkbox"/> Delete
NAME	ZWIERNIKOWSKI, RICHARD L JR	
STREET ADDRESS	929 S JEFFERSON	
CITY-ST-ZIP	HASTINGS MI 49058	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ZWIERNIKOWSKI 4/25/03 (269) 945-2491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)