FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90328 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 97000001204

1. Entity Name

GP STUART ASSOCIATES CORP.

DO NOT WRITE IN THIS SPACE

RECEIVED FEB - 1 2002 ACCOUNTS PAYABLE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3011 W. Grand Blvd.		3011 W. Grand Blvd.	
Suite, Apt. #, etc. Suite 2405		Suite, Apt. #, etc. Suite 2405	
City & State Detroit, MI		City & State Detroit, MI	
Zip 48202	Country	Zip 48202	Country

4. FEI Number 38-3340258 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Peter D. Cummings

Street Address (P.O. Box Number is Not Acceptable): 3399 PGA Blvd., Suite 450

City: Palm Beach Gardens, FL Zip Code: 33410

6. 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 ______________________ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $81.25
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	DPT Cummings, Peter D. 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Cummings, Keith L. 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Weiss, Arthur One Woodward Ave., Ste. 2400 ~~Detroit, MI 48226~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: