

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002274

1. Entity Name

COVERX CORPORATION

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90129 017 \*\*\*150.00

Principal Place of Business

Mailing Address

29631 NORTHWESTERN HWY  
 SOUTHFIELD MI 48034

P.O. BOX 5096  
 SOUTHFIELD MI 48066-5096

2. Principal Place of Business

29621 Northwestern Highway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Southfield, MI

City & State

Zip

Country

48034

USA

4. FEI Number

38-2027233

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PCDS	<input type="checkbox"/> Delete
NAME	SHAW, JEROME M	
STREET ADDRESS	4751 COVE RD	
CITY-ST-ZIP	ORCHARD LAKE MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	DULAPA, THOMAS B	
STREET ADDRESS	4487 TIMBERLAKE CT	
CITY-ST-ZIP	UTICA MI 48317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEAVER, WILLIAM S	
STREET ADDRESS	47455 BLUE HERON CT	
CITY-ST-ZIP	NORTHVILLE MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAULSEN, MARCIA M	
STREET ADDRESS	22024 SIEGAL CT	
CITY-ST-ZIP	NOVI MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcia M. Paulsen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA M. PAULSEN

9/28/2000

(248) 358-4010

Date

Daytime Phone #

CR2E034 (9/99)