

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90352 019 ***150.00

99A57830 4T

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1. Entity Name
COVERX CORPORATION

Principal Place of Business
**29621 NORTHWESTERN HWY
SOUTHFIELD MI 48034**

Mailing Address
**P.O. BOX 5096
SOUTHFIELD MI 48086**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **38-2027233**

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

**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 _____ (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	C	<input type="checkbox"/> Delete
NAME	SHAW, JEROME M	
STREET ADDRESS	4751 COVE RD	
CITY-ST-ZIP	ORCHARD LAKE MI 48323	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JAMES M	
STREET ADDRESS	32391 DUNFORD STREET	
CITY-ST-ZIP	FARMINGTON MI 48334	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WEAVER, WILLIAM S	
STREET ADDRESS	47455 BLUE HERON CT	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAULSEN, MARCIA M	
STREET ADDRESS	43422 WEST OAKS DR 249	
CITY-ST-ZIP	NOVI MI 48377	
TITLE	V	<input type="checkbox"/> Delete
NAME	DONDZILA, CHRISTOPHER P	
STREET ADDRESS	5549 ARAPAHO PASS	
CITY-ST-ZIP	PINCKNEY MI 48169	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD H	
STREET ADDRESS	17290 STONEBROOK DRIVE	
CITY-ST-ZIP	NORTHVILLE MI 48167	

TITLE	P.S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, Jerome M	
STREET ADDRESS	4751 COVE RD	
CITY-ST-ZIP	ORCHARD LAKE MI 48323	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DULAPA Thomas B	
STREET ADDRESS	4487 Timberlake CT	
CITY-ST-ZIP	UTICA, MI 48137	
TITLE	T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, William S.	
STREET ADDRESS	47455 Blue Heron CT	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, Richard H	
STREET ADDRESS	17290 Stonebrook Drive	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULSEN, MARCIA M	
STREET ADDRESS	43895 CHERRY GROVE CT W	
CITY-ST-ZIP	CANTON MI 48188	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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: *MARCIA M. Paulsen* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 800-762-6837
Date Daytime Phone #

CR2E034 (10/02)