

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91717 047 \*\*\*558.75

**DOCUMENT # P10628**  
 1. Entity Name  
**GREG CONSTRUCTION CO.**

Principal Place of Business      Mailing Address  
**26091 SHERWOOD #111**      **26091 SHERWOOD #111**  
**WARREN MI 48091**      **WARREN MI 48091**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**26091 Sherwood Ave Ste 111**      **26091 Sherwood Ave Ste 111**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Warren, MI**      **Warren, MI**

4. FEI Number      Applied For  
**38-2401182**      Not Applicable

Zip      Country      Zip      Country  
**48091-1296**      **USA**      **48091-1296**      **USA**

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>PFENT, LESTER A JR</b><br><b>32906 CHECK DRIVE</b><br><b>WARREN MI 48093</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>SOCHACKI, GARY</b><br><b>26091 SHERWOOD STE. 111</b><br><b>WARREN MI 48091</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>WILKEY, RANDY</b><br><b>26091 SHERWOOD STE. 111</b><br><b>WARREN MI 48091</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>PFENT, SEAN</b><br><b>26091 SHERWOOD STE 111</b><br><b>WARREN MI 48091</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>OAKWOOD, GREGORY</b><br><b>1345 RED COLT COURT</b><br><b>ASTOR FL 32174-2434</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>OAKWOOD, LLOYD</b><br><b>1345 RED COLT COURT</b><br><b>ASTOR FL 32102</b> <input type="checkbox"/> Delete        |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Dewey C. Wilkey</b><br><b>1335 Red Colt Dr</b><br><b>Astor FL 32102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** GARY R. SOCHACKI      **Gary R. Sochacki**      **05/03/01**      **586-757-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRE034 (9/01)