

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90096 036 \*\*\*150.00

**DOCUMENT # 666349**

1. Entity Name  
**ADVANCED TEST PRODUCTS, INC.**



Principal Place of Business  
**700 TERRACE POINT DR.  
MUSKEGON MI 49443  
US**

Mailing Address  
**700 TERRACE POINT DR.  
MUSKEGON MI 49443  
US**

2. Principal Place of Business  
**13515 Ballantyne Corp. Pl.**

3. Mailing Address  
**Pl. Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Charlotte, NC**

City & State

4. FEI Number **31-0986554**

Applied For  
Not Applicable

Zip  
**28277**

Country  
**USA**

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

**CT CORPORATION SYSTEM  
1200 S. 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>VD EISENBERG, G A 700 TERRACE POINT DR. MUSKEGON MI 49443</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD HINTERHAUSER, H 700 TERRACE POINT DR. MUSKEGON MI 49443</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD MAGEE, R L 700 TERRACE POINT DR. MUSKEGON MI 49443</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V DRIES, W 700 TERRACE POINT DR. MUSKEGON MI 49443</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Exec. V.P. Patrick J. O'Leary 13515 Ballantyne Corp. Pl. Charlotte, NC 28277</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Exec. V.P. &amp; Sec. Christopher J. Kearney 13515 Ballantyne Corp. Pl. Charlotte, NC 28277</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ron Winowiecki 13515 Ballantyne Corp. Pl. Charlotte, NC 28277 Exec. V.P. &amp; Treas.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer Ronald Giza 13515 Ballantyne Corp. Pl. Charlotte, NC 28277</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD GIZA  
4/2/03**

**231-724-5774**

Date Daytime Phone #

CR2E034 (10/02)