

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90402 034 ***150.00

DOCUMENT # 809782

1. Entity Name

MUTUAL OF DETROIT INSURANCE COMPANY



Principal Place of Business

333 PLYMOUTH ROAD

BOX # 500

PLYMOUTH MI 48170

Mailing Address

333 PLYMOUTH ROAD

BOX # 500

PLYMOUTH MI 48170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-0480186

Applied For

Not Applicable

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

TARDONIA, GEORGE J

120 SE 26TH AVENUE

BOYTON BEACH FL 33435

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D** ☐ Delete
NAME **HUGHES, H. H**
STREET ADDRESS **5800 HOOVER AVE.**
CITY-ST-ZIP **INDIAN TRAIL NC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LOVE, J.M.**
STREET ADDRESS **22500 DEVRON CT**
CITY-ST-ZIP **NOVI MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **JOHNSON, R.J.**
STREET ADDRESS **111 MILFORD MEADOWS**
CITY-ST-ZIP **MILFORD MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CPD** ☐ Delete
NAME **BLUE, D. M.**
STREET ADDRESS **18320 LARAUGH DRIVE.**
CITY-ST-ZIP **NORTHVILLE MI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSTD** ☐ Delete
NAME **KNIGHT, JACK A.**
STREET ADDRESS **4855 NORTHGATE DR**
CITY-ST-ZIP **ANN ARBOR MI 48103**

TITLE ☒ Change ☐ Addition
NAME **Knight, Jeffrey A.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TRAVIS, RAYMOND E**
STREET ADDRESS **19304 OLD BRIDGE COURT**
CITY-ST-ZIP **NORTHVILLE MI 48167**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jeffrey A. Knight* **JEFFREY A. KNIGHT** 1/1/03 7344538500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)