

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90848 030 ***150.00

DOCUMENT # 812374

1. Entity Name
FLINT CONSTRUCTION COMPANY



Principal Place of Business
**272 HURRICANE SHOALS RD
P.O. BOX 723
LAWRENCVILLE GA 30046-0723
US**

Mailing Address
**405 WATER STREET
PORT HURON MI 48060
US**

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 **58-0691440**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

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 ☐ Delete
NAME **P GOOD, ROBERT J.**
STREET ADDRESS **1601 OLD FOUNTAIN ROAD**
CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

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

TITLE ☐ Delete
NAME **V FULLER, J TERRY**
STREET ADDRESS **3093 BROOKSHIRE WAY**
CITY-ST-ZIP **DULUTH GA 30136**

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

TITLE ☐ Delete
NAME **CCEO JACKSON, MARCUS**
STREET ADDRESS **28470 THIRTEEN MILE RD, STE 300**
CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

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

TITLE ☐ Delete
NAME **VTD WARSINSKE, STEVEN W**
STREET ADDRESS **405 WATER STREET**
CITY-ST-ZIP **PORT HURON MI 48060**

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

TITLE ☒ Delete
NAME **VD PENDELTON, ARTHUR L**
STREET ADDRESS **5959 COMSTOCK PARK DR**
CITY-ST-ZIP **COMSTOCK PARK MI 49321**

TITLE ☐ Change ☒ Addition
NAME **D SCHNEIDER, JOHN E.**
STREET ADDRESS **28470 THIRTEEN MILE RD., SUITE 300**
CITY-ST-ZIP **FARMINGTON HILLS, MI 48334**

TITLE ☐ Delete
NAME **S ABBOTT, SHERRY L**
STREET ADDRESS **405 WATER STREET**
CITY-ST-ZIP **PORT HURON MI 48060**

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:

SIGNATURE REQUIRED

Steven W. Warsinske

2/25/03

(810) 987-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)