

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0648695
AT

DOCUMENT # 851503

1. Entity Name
AMURCON CORPORATION



FILED

03 FEB -3 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
30215 SOUTHFIELD ROAD
SUITE 200
SOUTHFIELD MI 48076-1361

Mailing Address
30215 SOUTHFIELD ROAD
SUITE 200
SOUTHFIELD MI 48076-1361

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-1947258

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

MARTIN, WILLIE M
4854 FISHERMAN'S DRIVE
COCONUT CREEK FL 33063

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 C ☐ Delete
NAME ERB, FRED
STREET ADDRESS 649 EDMERE CT
CITY-ST-ZIP BLOOMFIELD HILLS MI 48304

TITLE ☐ Change ☐ Addition
NAME 300011631273
STREET ADDRESS 02/04/03--01003--002 **150.00
CITY-ST-ZIP

TITLE VC ☐ Delete
NAME SILVERMAN, GILBERT
STREET ADDRESS 32100 TELEGRAPH
CITY-ST-ZIP BINGHAM FARMS MI 48025

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

TITLE P ☐ Delete
NAME MANKO, GERALD
STREET ADDRESS 820 JONATHAN LANE
CITY-ST-ZIP BLOOMFIELD HILLS MI 48302

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

TITLE VT ☐ Delete
NAME MARTIN, WILLIE M
STREET ADDRESS 29559 MEADOWLANE
CITY-ST-ZIP SOUTHFIELD MI 48076

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

TITLE V ☐ Delete
NAME MORRIS, KATHRYN J
STREET ADDRESS 41570 CORNELL
CITY-ST-ZIP NOVI MI 48377

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

TITLE V ☐ Delete
NAME CATRINAR, LAWRENCE J
STREET ADDRESS 1241 HAMPSHIRE
CITY-ST-ZIP CANTON MI 48188

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

CR2E034 (10/02)

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:

WILLIE M. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

Date

248-646-0202

Daytime Phone #