

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90320 043 ***158.75

DOCUMENT # 855247

1. Entity Name

JOHN CARLO, INC.

Principal Place of Business

21570 HALL RD., P.O. BOX 8
 MT. CLEMENS MI 48044-5704

Mailing Address

21570 HALL RD., P.O. BOX 8
 MT. CLEMENS MI 48044-5704

2. Principal Place of Business

45000 River Ridge Dr.

3. Mailing Address

45000 River Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLINTON TWP, MI

City & State

CLINTON TWP, MI

4. FEI Number

38-1650909

Applied For

Not Applicable

Zip

48038

Country

USA

Zip

48038

Country

USA

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CATENACCI, CARLO J. 21570 HALL RD. MT.CLEMENS MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CATENACCI, JOSEPH E. 21570 HALL RD. MT.CLEMENS MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCELROY, MICHAEL D. 21570 HALL RD. MT.CLEMENS MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBSON, JOHN T. 21570 HALL RD. MT.CLEMENS MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DONOHUE, MICHAEL 21570 HALL RD. MT.CLEMENS MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DURSTON, MORLEY 21570 HALL RD. MT.CLEMENS MI	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Robson

1/23/2001

810-416-4500

Date

Daytime Phone #

CR2E034 (10/00)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

858247

CHIEF EXECUTIVE OFFICE
CARLO J. CATENACCI
45000 RIVER RIDGE DRIVE
CLINTON TOWNSHIP, MI 48038

CHIEF OPERATIONS OFFICER
JOSEPH E. CATENACCI
45000 RIVER RIDGE DRIVE
CLINTON TOWNSHIP, MI 48038

PRESIDENT
MICHAEL J. CATENACCI
45000 RIVER RIDGE DRIVE
CLINTON TOWNSHIP, MI 48038

TREASURER
JOHN T. ROBSON
45000 RIVER RIDGE DRIVE
CLINTON TOWNSHIP, MI 48038

EXECUTIVE VICE-PRESIDENT
MICHAEL F. DONOHOE
45000 RIVER RIDGE DRIVE
CLINTON TOWNSHIP, MI 48038