

2002 UNIFORM BUSINESS REPORT (UBR)

0017874 AT

DOCUMENT # A18720

1. Entity Name

AMURCON DEVELOPMENT GROUP, LTD.

Principal Place of Business

30215 SOUTHFIELD, SUITE 200
SOUTHFIELD MI 48076

Mailing Address

30215 SOUTHFIELD, SUITE 200
SOUTHFIELD MI 48076

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

38-2582426

Applied For

Not Applicable

Zip

Country

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

MARTIN, WILLIE M.
4854 FISHERMAN'S DRIVE
COCONUT CREEK FL 33083

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.

DATE

9. Capital Contributions
as Shown on record.

\$150.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # 851503
NAME AMURCON CORPORATION
STREET ADDRESS 30215 SOUTHFIELD, SUITE 200
CITY-ST-ZIP SOUTHFIELD MI 48076

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

of AMURCON CORP/G/P 1-8-02 248-646-0202 X226

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE