

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0596559

DOCUMENT # F00000004426

1. Entity Name

NORTHWESTERN WATERPROOFING COMPANY

05-16-2001 90035 001 ***150.00

Principal Place of Business

**13800 ECKLES ROAD
LIVONIA MI 48150**

Mailing Address

**13800 ECKLES ROAD
LIVONIA MI 48150**

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 **38-1164400**

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

**C T CORPORATION SYSTEM
1200 SOUTH 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 ☐ Delete
NAME **P MAZUR, ROBERT**
STREET ADDRESS **13800 ECKLES ROAD**
CITY-ST-ZIP **LIVONIA MI 48150**

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

TITLE ☐ Delete
NAME **VS MAZUR, JOHN**
STREET ADDRESS **13800 ECKLES ROAD**
CITY-ST-ZIP **LIVONIA MI 48150**

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

TITLE ☐ Delete
NAME **T HOULE, KEVIN**
STREET ADDRESS **13800 ECKLES ROAD**
CITY-ST-ZIP **LIVONIA MI 48150**

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

TITLE ☐ Delete
NAME **C MAZUR, EVELYN**
STREET ADDRESS **13800 ECKLES ROAD**
CITY-ST-ZIP **LIVONIA MI 48150**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]

KEVIN M. HOULE

3/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-TREASURER

Date

Daytime Phone #

CR2E034 (10/00)

DOEREN MAYHEW
Certified Public Accountants

Attachment
843350
#F00000004426

Joseph A. Amine, C.P.A.
Richard J. Beamish, C.P.A.
Michael J. Berry, C.P.A.
Frank A. Borschke, C.P.A.
Mark A. Crawford, C.P.A.
Jonathan D. Dean, C.P.A.
Joseph C. DeGennaro, C.P.A.
Michael J. DePoli, C.P.A.
Thomas J. Hinsberg, C.P.A.
Robin D. Hoag, C.P.A.

James A. Koepke, C.P.A.
M. Jackson Morris, C.P.A.
James L. Noteman, C.P.A.
James P. O'Riley, C.P.A.
Peter Prychodko
Peter J. Roehl, C.P.A.
Benedict P. Rybicki, C.P.A.
Lawrence A. Simon, C.P.A.
Leonard J. Szniewajs, C.P.A.
Peter J. Treboldi, C.P.A.

2300 Top of Troy
755 West Big Beaver Road
Troy, Michigan 48084-0231
Telephone (248) 244-3000
Telefax (248) 244-3090

Internationally
MOORE STEPHENS DOEREN MAYHEW

2001 UNIFORM BUSINESS REPORT FOR FLORIDA

We are enclosing two copies of your 2001 Uniform Business Report.

One copy should be signed by an officer of the corporation, dated, and filed by May 1, 2001.

A check made payable to the Department of State for the fee due in the amount of \$150.00 should accompany the report.

The report and remittance should be mailed to:

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

The duplicate copy is for your files.

The report was prepared from information furnished to us by you. Please review the report before filing to assure that there are no omissions or misstatements of material facts.

DOEREN MAYHEW