

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90016 039 \*\*\*150.00

**DOCUMENT # F00000004884**

1. Entity Name  
**O'GRADY TOOL COMPANY**

Principal Place of Business

Mailing Address

373 N.B. GRATIOT AVENUE  
 MT CLEMENS MI 48043

P.O. BOX 455  
 MT. CLEMENS MI 48046-0455

2. Principal Place of Business

**12298 MATTHEWSON ROAD**

3. Mailing Address

**P.O. Box 60227**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FORT MYERS, FLORIDA**

City & State

**FORT MYERS, FLORIDA**

Zip

**33913**

Country

**USA**

Zip

**33906-6227**

Country

**USA**

4. FEI Number **38-1740756**

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

**O'GRADY, CHARLES P II**  
**11120 LAKELAND CIRCLE**  
**FORT MYERS FL 33913**

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 **PTC** ☐ Delete  
 NAME **O'GRADY, CHARLES P II**  
 STREET ADDRESS **11120 LAKELAND CIRCLE**  
 CITY-ST-ZIP **FORT MYERS FL 33913**

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

TITLE **VPVC** ☐ Delete  
 NAME **O'GRADY, CHARLES H**  
 STREET ADDRESS **3781 WARWICK DRIVE**  
 CITY-ST-ZIP **ROCHESTER HILLS MI 48309**

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

TITLE **S** ☒ Delete  
 NAME **MCKENZIE, ROBERT**  
 STREET ADDRESS **HAMLET WEST 140 MEADOW WOOD DRIVE**  
 CITY-ST-ZIP **HARBOR SPRINGS MI 49740**

TITLE **SECRETARY** ☐ Change ☒ Addition  
 NAME **RENE E. O'GRADY**  
 STREET ADDRESS **11120 LAKELAND CIRCLE**  
 CITY-ST-ZIP **FORT MYERS, FL 33913**

TITLE **D** ☐ Delete  
 NAME **KLEIN, SANFORD**  
 STREET ADDRESS **201 W BIG BEAVER RD. COLUMBIA CENTER #600**  
 CITY-ST-ZIP **TROY MI 48099-4300**

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

TITLE **D** ☐ Delete  
 NAME **BERNOCK, WILLIAM**  
 STREET ADDRESS **37791 CHASE RUN DRIVE**  
 CITY-ST-ZIP **STERLING HEIGHTS MI 48310**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)