

# 2002: UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90146 030 \*\*\*150.00

**DOCUMENT # F01000001536**

1. Entity Name  
**TOLEDO TRANS-KIT, INC.**

Principal Place of Business

**6155 BRENT DRIVE  
 TOLEDO OH 43611**

Mailing Address

**6155 BRENT DRIVE  
 TOLEDO OH 43611**

2. Principal Place of Business

3. Mailing Address

**700 Terrace Point Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Muskegon MI**

4. FEI Number

**34-1779220**

Applied For

Not Applicable

Zip

Country

Zip

Country

**49443**

**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

**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, 2002 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	<b>CD ROONEY, THOMAS P 875 SEEGER ROAD DES PLAINES IL 60016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V RANTOZZ, WILLIAM P 1235 EXPRESSWAY DRIVE, NORTH TOLEDO OH 43608</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KEARNEY, CHRISTOPHER J 700 TERRACE POINT DRIVE MUSKEGON MI 49443</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CROSS, ARTHUROPHER R 700 TERRACE POINT DRIVE MUSKEGON MI 49443</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO HILL, PAUL 700 TERRACE POINT DRIVE MUSKEGON MI 49443</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'LEARY, PATRICK J 700 TERACE POINT DRIVE MUSKEGON MI 49443</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Tom Blas hill 700 Terrace Pt. Dr. Muskegon, Mi 49443</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D Ron Winowiecki 700 Terrace Pt. Dr. Muskegon, Mi 49443</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Arthur Cross 700 Terrace Pt. Dr. Muskegon, Mi 49443</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**Patrick J. O'Leary**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-02 231-724-5000**  
 Date Daytime Phone #

CR2E034 (9/01)