

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000003672**

1. Entity Name

MASTER KEY NORTHERN, INC.**FILED**
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90021 022 ***150.00

Principal Place of Business

WEST ELLSWORTH ROAD
ANN ARBOR MI 48108

Mailing Address

2580 WEST ELLSWORTH ROAD
ANN ARBOR MI 48108-9639

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **38-2528925**

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

KIMPTON, WILLIAM J
28059 U.S. HIGHWAY 19 NORTH
STE. 100
CLEARWATER FL 34621

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAMMATICO, DANIEL C	
STREET ADDRESS	2580 W. ELLSWORTH ROAD	
CITY-ST-ZIP	ANN ARBOR MI 48108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAMMATICO, JOSEPH J	
STREET ADDRESS	2580 W. ELLSWORTH ROAD	
CITY-ST-ZIP	ANN ARBOR MI 48108	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRAMMATICO, THEODORE	
STREET ADDRESS	2580 W. ELLSWORTH ROAD	
CITY-ST-ZIP	ANN ARBOR MI 48108	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAMMATICO, JOSEPH B	
STREET ADDRESS	2580 W. ELLSWORTH ROAD	
CITY-ST-ZIP	ANN ARBOR MI 48108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00 7346630630

CR2E034 (9/99)