## 2002 UNIFORM BUSINESS REPORT (UBR)

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## Mar 24, 2002 8:00 am DOCUMENT # **Secretary of State** F94000000694 1. Entity Name 03-24-2002 90017 037 \*\*\*150.00 GEORGE H. PASTOR & SONS, INCORPORATED Principal Place of Business Mailing Address 34018 BEACON RD 34018 BEACON RD LIVONIA MI 48150 LIVONIA MI 48150 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-2420668 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PASTER, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 3250 STE 5 JENSEN BEACH FL 34957 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be , Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Defete TITLE ☐ Change Addition CEO PASTOR, RICHARD J NAME NAME STREET ADDRESS STREET, ADDRESS 35758 NANCY GAIL CITY-ST-ZIP CITY-ST-ZIP FARMINGTON HILLS MI TITLE -Delete TITLE ☐ Change ☐ Addition NAME: PASTOR, JOHN NAME STREET ADDRESS STREET ADDRESS **31140 LYNDON** CITY-ST-ZIP CITY-ST-ZIP <u>Livonia mi 48154</u> TITLE ☐ Delete TITLE ☐ Addition NAME NAME PASTOR, CRAIG STREET ADDRESS STREET ADDRESS 20072 PARKER CITY-ST-ZIP CITY-ST-ZIP <u>LIVONIA MI 48152</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME PASTOR, TIMOTHY STREET ADDRESS STREET ADDRESS 12840 STANLEY CITY-ST-ZIP CITY-ST-ZIP **BELLEVILLE MI 48111** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted employered 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.

FILED

Date

Daytime Phone #