

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90223 041 ***150.00

DOCUMENT # F94000006358

1. Entity Name

PRINCE MACHINE CORPORATION

Principal Place of Business

**670 WINDCREST DR.
HOLLAND MI 49423**

Mailing Address

**670 WINDCREST DR.
HOLLAND MI 49423**

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

38-2688390

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

**CT CORPORATION SYSTEM
1200 S. 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 State10. 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	P FRANCIS, DEAN	☒ Delete
STREET ADDRESS	670 WINDCREST DR	
CITY-ST-ZIP	HOLLAND MI 49423	
TITLE NAME	D PALMA, ALDO	☐ Delete
STREET ADDRESS	670 WINDCREST	
CITY-ST-ZIP	HOLLAND MI 49423	
TITLE NAME	D FRANCIS, DEAN	☒ Delete
STREET ADDRESS	670 WINDCREST	
CITY-ST-ZIP	HOLLAND MI 49423	
TITLE NAME	D MENTASTE, NICOLA	☐ Delete
STREET ADDRESS	670 WINDCREST	
CITY-ST-ZIP	HOLLAND MI 49423	
TITLE NAME	VPF NAWROCKI, PAUL J	☒ Delete
STREET ADDRESS	670 WINDCREST	
CITY-ST-ZIP	HOLLAND MI 49423	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PRESIDENT ALDO PALMA	☐ Change ☒ Addition
STREET ADDRESS	670 WINDCREST DRIVE	
CITY-ST-ZIP	HOLLAND, MI 49423	
TITLE NAME	VICE PRESIDENT FRANCE KENT TAYLOR	☐ Change ☒ Addition
STREET ADDRESS	670 WINDCREST DRIVE	
CITY-ST-ZIP	HOLLAND, MI 49423	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/22/02**
Date**(616) 394-8216**
Daytime Phone #

CR2E034 (9/01)