


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90121 010 \*\*\*150.00

**DOCUMENT # F94000006461**

1. Entity Name  
**OTTAWA PROPERTIES, INC.**



Principal Place of Business  
**8000 YANKEE RD.  
OTTAWA LAKE MI 49267**

Mailing Address  
**PO BOX 931  
TOLEDO OH 43697**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **38-3057047** 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
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Director/President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>SHULTZ, EDWARD J</del>		NAME <b>Paul J Bishop</b>	
STREET ADDRESS <del>4500 DORR ST</del>		STREET ADDRESS <b>1801 Richards Road</b>	
CITY-ST-ZIP <del>TOLEDO OH 43615</del>		CITY-ST-ZIP <b>Toledo OH 43607</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>AXTELL, A. CALVIN JR</del>		NAME <b>Joseph A Beham</b>	
STREET ADDRESS <del>515 CONGRESS AVE, STE 2525</del>		STREET ADDRESS <b>1801 Richards Road</b>	
CITY-ST-ZIP <del>AUSTIN TX 78701</del>		CITY-ST-ZIP <b>Toledo OH 43607</b>	
TITLE <b>AT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SNELL, WENDY</b>		NAME	
STREET ADDRESS <b>660 BEAVERCREEK CIRCLE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MAUMEE OH 43537</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>GOLDEN, GARY</del>		NAME <b>Letitia Marth</b>	
STREET ADDRESS <del>4500 DORR ST</del>		STREET ADDRESS <b>1801 Richards Road</b>	
CITY-ST-ZIP <del>TOLEDO OH</del>		CITY-ST-ZIP <b>Toledo OH 43607</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MULAWA, TERESA</b>		NAME	
STREET ADDRESS <b>1801 RICHARDS RD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TOLEDO OH 43607</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARNARD, NEAL</b>		NAME	
STREET ADDRESS <b>1801 RICHARDS ROAD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TOLEDO OH 43607</b>		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1-23-03** **419-897-7380**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)