

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90018 030 ***150.00

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DOCUMENT # F95000001188

1. Entity Name
LESSOR CORPORATION

Principal Place of Business PO BOX 07054
 DETROIT MI 48207

Mailing Address PO BOX 07054
 DETROIT MI 48207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2272336

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GILDAN, LAURIE L.
 C/O GREENBERG TRAUIG
 777 S FLAGLER, SUITE 310E
 W PALM BCH FL 33401

Name **WILLIAM TERRY DAVISON**

Street Address (P.O. Box Number is Not Acceptable)
2930 S.W. 22ND CIRCLE #A.

City **DELRAY BEACH**

FL

Zip Code **33445**

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]
 Signature, typed or printed name of registered agent and title if applicable.

WILLIAM TERRY DAVISON

JAN 8, 2002

(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 ☐ Delete
 NAME CP
 STREET ADDRESS DAVISON, WILLIAM T
 CITY-ST-ZIP PO BOX 07054 N/A
 DETROIT MI 48207

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS DAVISON, MARY ELLEN
 CITY-ST-ZIP PO BOX 07054 N/A
 DETROIT MI 48207

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS DAVISON, CHRISTINE E
 CITY-ST-ZIP P.O. BOX 07054 N/A
 DETROIT MI 48207

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS DAVISON, NATALIE S
 CITY-ST-ZIP P.O. BOX 07054 N/A
 DETROIT MI 48207

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS DAVISON, WILLIAM A
 CITY-ST-ZIP P.O. BOX 07054 N/A
 DETROIT MI 48207

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. DAVISON **JAN 8, 2002** **561-2746800**
PRESIDENT

Date

Daytime Phone #

CR2E034 (9/01)