

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90497 030 ***150.00

DOCUMENT # F95000002240

1. Entity Name

MAGIC CARPET AVIATION, INC.

Principal Place of Business 7575 EAST FULTON ROAD ADA, MI 49355	Mailing Address 7575 EAST FULTON ROAD TAX DEPT FB-IV ADA, MI 49355 US
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2. Principal Place of Business 4225 EXECUAIR ST.	3. Mailing Address 126 OTTAWA AVE. NW
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Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 500
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City & State ORLANDO, FL	City & State GRAND RAPIDS, MI
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Zip 32827-5311	Country USA	Zip 49503	Country USA
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4. FEI Number 38-3234550	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

00056821

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ROSLONIEC, JAMES J 7575 EAST FULTON ROAD ADA, MI 49355 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ENGEL, ALLAN D. 7575 EAST FULTON ROAD ADA, MI 49355 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MITCHELL, KIM S. 7575 EAST FULTON ROAD ADA, MI 49355 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/S/D JERRY L. TUBERGEN 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D WILLIAM J. BOER 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHN WEISBROD TWO MAGIC PLACE, 8701 MAITLAND SUMMIT BLVD. ORLANDO, FL 32810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D ROBERT H. SCHIERBEEK 126 OTTAWA AVE NW, SUITE 500 GRAND RAPIDS, MI 49503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or in all other like empowered.

SIGNATURE:

ROBERT H. SCHIERBEEK

4/27/01

616-454-4114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #