

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90061 008 \*\*\*150.00

**DOCUMENT # F95000003197**

1. Entity Name  
**MILL'S PRIDE, INC.**

Principal Place of Business  
**250 S AUSTRALIAN AVE**  
**13TH FLOOR**  
**WEST PALM BEACH FL 33401**  
**US**

Mailing Address  
**250 S AUSTRALIAN AVE**  
**13TH FLOOR**  
**WEST PALM BEACH FL 33401**  
**US**

2. Principal Place of Business

3. Mailing Address  
**c/o Tax Department**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**21001 Van Born Road**

City & State

City & State  
**Taylor, MI**

4. FEI Number **06-1241754**

Applied For  
 Not Applicable

Zip

Country

Zip  
**48180-1340**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 State**

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

11. OFFICERS AND DIRECTORS

TITLE  
**CATS**  
 NAME  
**MICHAEL A CONNELLY**  
 STREET ADDRESS  
**250 S AUSTRALIAN AVE, 13TH FLOOR**  
 CITY-ST-ZIP  
**WEST PALM BCH FL 33401**

☐ Delete

TITLE  
**P**  
 NAME  
**HEALEY, RICHARD**  
 STREET ADDRESS  
**250 S AUSTRALIAN AVE, 13TH FLOOR**  
 CITY-ST-ZIP  
**WEST PALM BCH FL 33401**

☐ Delete

TITLE  
**COB**  
 NAME  
**HEALEY, MALCOLM S**  
 STREET ADDRESS  
**250 S AUSTRALIAN AVE 13TH FLOOR**  
 CITY-ST-ZIP  
**WEST PALM BEACH FL 33401**

☐ Delete

TITLE  
**DVAS**  
 NAME  
**MOSTELLER, RICHARD G**  
 STREET ADDRESS  
**21001 VAN BORN ROAD**  
 CITY-ST-ZIP  
**TAYLOR MI 48180-1340**

☒ Delete

TITLE  
**VSD**  
 NAME  
**GARGARO, EUGENE A JR**  
 STREET ADDRESS  
**21001 VAN BORN ROAD**  
 CITY-ST-ZIP  
**TAYLOR MI 48180-1340**

☐ Delete

TITLE  
**V**  
 NAME  
**DORAN, DAVID A**  
 STREET ADDRESS  
**21001 VAN BORN ROAD**  
 CITY-ST-ZIP  
**TAYLOR MI 48180-1340**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**CFO/AT/AS**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
**V/T/AS**  
 NAME  
**Robert B. Rosowski**  
 STREET ADDRESS  
**21001 Van Born Road**  
 CITY-ST-ZIP  
**Taylor, MI 48180-1340**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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, with all other like empowered.

**SIGNATURE:**

**SIGNATURE**

**David A. Doran**

**4/25/02**

**313/792-6162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)