2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address 700 ROBBINS ROAD

3. Mailing Address

GRAND HAVEN MI 49417

F95000005914 DOCUMENT

1. Entity Name HUDSON TOOL, & DIE COMPANY, INC.

Principal Place of Business 700 ROBBINS ROAD

2. Principal Place of Business

GRAND HAVEN MI 49417



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90106 050 ***150.00

10057351



-1327 NO	JRTH US	HIGHWAY 1											
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City	City & State			4. FEI Number 22-1457260					lied For	
ORMOND BEACH FL							EE 1407200				Not	Applicable	
Zip 32174	Country			Zip Cour		5. Certificate of Status Desired			\$8.75 Additional Fee Required				
	6. Name	and Address of Curr	ent Registere	ed Agent			7. Name and	Address of New F	egistere	d Agent			
					Name_		 	**************************************		_			
CLARE, PAUL D					Street A	RADOVAN, MICHAEL S. treet Address (P.O. Box Number is Not Acceptable)							
1327 N. US HIGHWAY ONE					000.77	1327 NORTH US HIGHWAY 1							
ORMOND	nations of physics												
					City		<u> </u>			Zip	Code		
		ORMOND BEACH ORMOND BEACH ORMOND BEACH ORMOND BEACH											
	named entity ions of regist	y submits this statemer	nt for the purp	ose of changing its re	gistered office or	registere	d agent, or both	n, in the State of Flo	da. Lar	n familiar v	vith, a	nd accept	
ine obligati	ions or regist	-				_		د کما را لا	_	1.1		ļ	
SIGNATURE -				RADOVAN		**************************************	10	1 Tax	<u> </u>	126/4	<u> 23</u>		
	Signature, typed	or printed name of registered a	igent and title if app	licable. (NOTE: F	legistered Agent signati	ure required w	hen reinstating)		DATE				
Fi	ILE NOW!!	! FEE IS \$150.00					0 510	ation Compaign Fir	onaina	•	E 00	.	
5 After May 1, 2003 Fee will be \$550.00			1 P.					ction Campaign Fir st Fund Contributio	_			May Be to Fees	
Make Check	Payable to	Florida Departmer	nt of State										
10.		OFFICERS A	ND DIRECTO	RS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AN	VD DIRECT	rors	IN 11	
TITLE "	C	I E MADTINI		☐ Delete	TITLE	PD				☐ Char	nge	XX Addition	
NAME		I, F. MARTIN BINS ROAD			NAME	RADO	VAN, MIC	HAEL S.					
STREET ADDRESS		AVEN MI 49417			STREET ADDRESS	1327	NORTH U	S HIGHWAY	1				
CITY-ST-ZIP	C				CITY-ST-ZIP	-ORMO	ND BEACH	FL 32174					
TITLE	TAYLOR, I	DHILID E		☐ Delete	TITLE					☐ Char	nge	Addition	
NAME		SINS ROAD			NAME								
STREET ADDRESS CITY-ST-ZIP		AVEN MI 49417			STREET ADDRESS CITY-ST-ZIP								
TITLE	VD			[♥] Dalata		_				☐ Char		Addition	
NAME	OZARK, E	DWARD-L		Delete	TITLE NAME	==-=	در المساور الم					Addition :	
STREET ADDRESS		IINS ROAD			STREET ADDRESS								
CITY-ST-ZIP	GRAND H	AVEN MI 49417			CITY-ST-ZIP								
TITLE	DS			Delete	TITLE					Char	nge	Addition	
NAME		OD, LYNNE			NAME						3-		
STREET ADDRESS		INS ROAD			STREET ADDRESS							1	
CITY-ST-ZIP	GRAND H	AVEN MI 49417			CITY-ST-ZIP								
TITLE	PD	•		[X] Delete	TITLE					☐ Chan	ige	Addition	
NA M E	CLARE, PA				NAME								
STREET ADDRESS		S HWY ONE	040		STREET ADDRESS	,							
CITY-ST-ZIP		BEACH FL 32175-2	10 I3 		CITY-ST-ZIP								
TITLE	VDT	MOUNTED		☐ Delete	TITLE					☐ Chan	ge	Addition	
NAME		, MICHAEL D			NAME			•					
STREET ADDRESS		INS ROAD Aven mi 49417			STREET ADDRESS								
CITY-ST-ZIP	<u>i</u>				CITY-ST-ZIP								
12. I hereby c	ertify that the	information supplied	with this filing	does not qualify for th	e exemption stat	ed in Sec	tion 119.07(3)(i)	, Florida Statutes.	further c	ertify that t	he inf	ormation	

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: