

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002424

1. Entity Name

G & T SPACE SYSTEMS, INC.

FILED

Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90022 024 \*\*\*150.00

Principal Place of Business

Mailing Address

14680 TAMiami TrL S  
FT MYERS FL 33908  
US

3413 EASTERN AVE SE  
GRAND RAPIDS MI 49508-2406  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3217888

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

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

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, 2000 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 PD ☐ Delete  
NAME KAISER, CHARLES T  
STREET ADDRESS 2757 BARFIELD DRIVE, S.E.  
CITY-ST-ZIP GRAND RAPIDS MI

TITLE President ☒ Change ☐ Addition  
NAME Frank Merlotti  
STREET ADDRESS 3413 Eastern Ave. S.E.  
CITY-ST-ZIP Grand Rapids, MI 49508

TITLE CFO ☐ Delete  
NAME KNAPP, JAMES W  
STREET ADDRESS 3697 IRIS DR SW  
CITY-ST-ZIP GRANDVILLE MI 49418

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

TITLE CD ☐ Delete  
NAME WOOD, ROBERT H  
STREET ADDRESS 110 SUNNYBROOK S.E.  
CITY-ST-ZIP GRAND RAPIDS MI

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

TITLE S ☐ Delete  
NAME KRAGT, DARRYL  
STREET ADDRESS 1415 146TH ST  
CITY-ST-ZIP DORR MI 49323

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00

616-452-8611

CR2E034 (9/99)