

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000582

1. Entity Name

NGS AMERICAN, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90077 008 ***150.00

Principal Place of Business

Mailing Address

27575 HARPER AVE.

27575 HARPER AVE.

P.O. BOX 7676

P.O. BOX 7676

ST. CLAIR SHORES MI 48081

ST. CLAIR SHORES MI 48081-1923

LUUJ1133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2259531

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

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 CCEO ☐ Delete
NAME ALCOTT, WILLIAM D
STREET ADDRESS 27575 HARPER AVE.
CITY-ST-ZIP ST. CLAIR SHORES MI 48081

TITLE Vice President ☐ Change ☐ Addition
NAME Susan Darga
STREET ADDRESS 27575 Harper Ave.
CITY-ST-ZIP St. Clair Shores, MI 48081

TITLE P ☐ Delete
NAME GUNTER, KIMBERLEY A
STREET ADDRESS 27575 HARPER AVE.
CITY-ST-ZIP ST. CLAIR SHORES MI 48081

TITLE Vice President ☐ Change ☐ Addition
NAME Kathleen M. Vallecoccia
STREET ADDRESS 27575 Harper Ave.
CITY-ST-ZIP St. Clair Shores, MI 48081

TITLE VST ☐ Delete
NAME VERLINDEN, MICHAEL J
STREET ADDRESS 27575 HARPER AVE.
CITY-ST-ZIP ST. CLAIR SHORES MI 48081

TITLE Vice President ☐ Change ☐ Addition
NAME Deborah J. Nagle
STREET ADDRESS 27575 Haper Ave.
CITY-ST-ZIP St. Clair Shores, MI 48081

TITLE V ☐ Delete
NAME KIBAT, GERRY
STREET ADDRESS 27575 HARPER AVE.
CITY-ST-ZIP ST. CLAIR SHORES MI 48081

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

TITLE V ☐ Delete
NAME MULCAHEY, SHERRYL
STREET ADDRESS 27575 HARPER AVE.
CITY-ST-ZIP ST. CLAIR SHORES MI 48081

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

TITLE V ☐ Delete
NAME ELLWOOD, WILLIAM
STREET ADDRESS 27575 HARPER AVE.
CITY-ST-ZIP ST. CLAIR SHORES MI 48081

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 Michael J. Verlinden CFO

2/25/2000

810-779-7679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)