

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003725

1. Entity Name  
UNITED STATES SOCKET SCREW MANUFACTURING CORPORATION

FILED

00 JUL 10 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
41350 EXECUTIVE DRIVE  
HARRISON TOWNSHIP, MI. 48045

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

38-3021144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
JAC A. ROTH  
16081 BRIER CREEK DRIVE  
DELRAY BEACH, FL. 33446  
VICE PRESIDENT  
LOIS BROWN  
15009 WESTPOINT  
STERLING HTS, MI. 48313  
TREASURER  
LORI ROSE  
33119 JANET  
FRASER, MI. 48026

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003321631--7  
-07/13/00--01007--016  
\*\*\*\*\*500.00 \*\*\*\*\*500.00  
100003321631--7  
-07/13/00--01007--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
LS

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: Jac A Roth, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-00 561-620-3820  
Date Daytime Phone #

CR2E034 (9/99)