

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003892

1. Entity Name

SUB-SURFACE CONSTRUCTION CO.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90124 021 ***150.00

Principal Place of Business

Mailing Address

405 WATER STREET
PORT HURON MI 48060

405 WATER STREET
PORT HURON MI 48060-5432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5959 Comstock Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Comstock Park, MI

City & State

4. FEI Number

38-3365134

Applied For

Not Applicable

Zip
49321

Country
USA

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 CD ☐ Delete
NAME JOHNSON, WILLIAM L
STREET ADDRESS 405 WATER STREET
CITY-ST-ZIP PORT HURON MI

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Port Huron, MI 48060

TITLE D ☒ Delete
NAME ANGERMEIER, KURT A
STREET ADDRESS 405 WATER STREET
CITY-ST-ZIP PORT HURON MI 48060

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

TITLE D ☒ Delete
NAME SCHNEIDER, JOHN E
STREET ADDRESS 405 WATER STREET
CITY-ST-ZIP PORT HURON MI

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

TITLE P ☐ Delete
NAME BENDER, JAMES R
STREET ADDRESS 5959 COMSTOCK PARK DRIVE
CITY-ST-ZIP COMSTOCK PARK MI

TITLE P/CEO ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Comstock Park, MI 49321

TITLE T ☐ Delete
NAME EDWARDS, C A
STREET ADDRESS 5959 COMSTOCK PARK DRIVE
CITY-ST-ZIP COMSTOCK PARK MI

TITLE T/Controller/CFO ☒ Change ☐ Addition
NAME Edwards, C. Andrew
STREET ADDRESS
CITY-ST-ZIP Comstock Park, MI 49321

TITLE S ☐ Delete
NAME ABBOTT, SHERRY L
STREET ADDRESS 405 WATER STREET
CITY-ST-ZIP PORT HURON MI

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Port Huron, MI 48060

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:

Steven W. Warsinske
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00

(810) 987-2200

CR2E034 (9/99)

... F9800000 3892

925880

Sub-Surface Construction Co.
(38-3365134)

Item 12 - Additions/Changes to Officers and Directors:

- | | | | |
|-----------------|------------------------------|---------------------------------|--|
| 1. Title: | V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name: | Schafer, William F. | | |
| Street address: | 5959 Comstock Park Drive | | |
| City-State-Zip: | Comstock Park, MI 49321 | | |
| 2. Title: | D/V/Chief Accounting Officer | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name: | Warsinske, Steven W. | | |
| Street address: | 405 Water Street | | |
| City-State-Zip: | Port Huron, MI 48060 | | |
| 3. Title: | Assistant Treasurer | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name: | Mason, Edric R., Jr. | | |
| Street address: | 405 Water Street | | |
| City-State-Zip: | Port Huron, MI 48060 | | |
| 4. Title: | D/V | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name: | Stone, Robert A. | | |
| Street address: | 405 Water Street | | |
| City-State-Zip: | Port Huron, MI 48060 | | |