

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90208 031 \*\*\*150.00

**DOCUMENT # F99000004442**

1. Entity Name  
**MECCA TECH, INC.**



Principal Place of Business  
2101 AURELIUS RD. STE 4  
HOLT MI 48842-1380

Mailing Address  
2101 AURELIUS RD. STE 4  
HOLT MI 48842-1380



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 **38-3193151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUCAP, DENNIS**  
**7702 NAPLES HERITAGE DRIVE**  
**NAPLES FL 34112**

Name **Romona Sappe**  
Street Address (P.O. Box Number is Not Acceptable)  
**6 Florence Court**  
City **Palm Coast** **FL** Zip Code **32137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Romona Sappe**  
Signature, typed or printed name of registered agent and title if applicable.

**Romona Sappe**  
(NOTE: Registered Agent signature required when reinstating)

**4/29/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MULHOLLAND, JIM**  
STREET ADDRESS **1451 EAST LANSING DR, #218**  
CITY-ST-ZIP **EAST LANSING MI**

TITLE ☐ Change ☒ Addition  
NAME **48823**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **CATALDO, PETE**  
STREET ADDRESS **8175 SHORE SIDE DR.**  
CITY-ST-ZIP **TRAVERSE CITY MI**

TITLE ☐ Change ☒ Addition  
NAME **49694**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SWEITZER, RALPH**  
STREET ADDRESS **825 VICTORS WAY, STE. 350**  
CITY-ST-ZIP **ANN ARBOR MI 48108**

TITLE ☒ Change ☐ Addition  
NAME **6260 Sunrise Court**  
STREET ADDRESS **Saline, MI 48176**  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **PEINTA, JOE**  
STREET ADDRESS **PO BOX 121**  
CITY-ST-ZIP **MANISTEE MI 49660**

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

TITLE **C** ☐ Delete  
NAME **GIBSON, W. REX**  
STREET ADDRESS **3461 E. NORTH UNION ROAD**  
CITY-ST-ZIP **BAY CITY MI 48706**

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

TITLE **D** ☐ Delete  
NAME **EYDE, SAM**  
STREET ADDRESS **2800 BYRON CIRCLE**  
CITY-ST-ZIP **LANSING MI 48912**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ralph Sweitzer** **4/29/03** **517-694-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)