

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004916

1. Entity Name

MICHIGAN FIDELITY ACCEPTANCE CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90166 017 ***150.00

Principal Place of Business

Mailing Address

25800 NORTHWESTERN HIGHWAY, *Ste 875*
SOUTHFIELD MI 48075

25800 NORTHWESTERN HIGHWAY, *Ste 875*
SOUTHFIELD MI 48075-8403

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3075078

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

HANCHER, MARCUS
4090 HODGES BLVD., #2301
JACKSONVILLE FL 32224

Name *CORP America, Inc*

Street Address (P.O. Box Number is Not Acceptable)
*1525 South Andrews Ave,
Ste 216*

City *Fort Lauderdale*

FL

Zip Code *33316*

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)

04.10.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PILCOWITZ, ROBERT 25800 NORTHWESTERN HIGHWAY SOUTHFIELD MI 48075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARLOVE, VINCENT 25800 NORTHWESTERN HIGHWAY SOUTHFIELD MI 48075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, EDAN 25800 NORTHWESTERN HIGHWAY SOUTHFIELD MI 48075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.10.00

CR2E034 (9/99)