

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2004 08:00 AM**<sup>ATX</sup>  
**Secretary of State**

|                          |  |
|--------------------------|--|
| <b>DOCUMENT #</b> H89791 |  |
| <b>1. Entity Name</b>    |  |
| DACCO DETROIT OF FLORIDA |  |

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|   |                |   |                |
|---|----------------|---|----------------|
| <b>2. Principal Place of Business</b><br>P.O. BOX 2789<br>Suite, Apt. #, etc. |                | <b>3. Mailing Address</b><br>P.O. BOX 2789<br>Suite, Apt. #, etc. |                |
| City & State<br>COOKEVILLE, TN  |                | City & State<br>COOKEVILLE, TN                                    |                |
| Zip<br>38502-2789   | Country<br>USA | Zip<br>38502-2789   | Country<br>USA |

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|  |  |                                       |
|--|--|---------------------------------------|
| <b>4. FEI Number</b><br>62-1258128                               |  | <b>Applied For</b><br>Not Applicable  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |

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|  |                      |
|--|----------------------|
| <b>7. Name and Address of Current Registered Agent</b>                       |                      |
| Name<br>CT CORPORATION SYSTEM  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 S. PINE ISLAND RD |                      |
| City<br>PLANTATION   | Zip Code<br>FL 33324 |

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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|   |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>Robert N. Spence<br>3526 Gramar<br>Cookeville, TN 38501    |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>David F. Peace<br>5055 Fox Ridge Ct<br>Ann Arbor, MI 48103 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**11.**

|   |  |
|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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05/05/04-60017-022 150.00

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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/2004**

Date

**931-528-7581**

Daytime Phone #