

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

FILED
Apr 30, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # H89791	
1. Entity Name	
DACCO/DETROIT OF FLORIDA, INC.	

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD	
City PLANTATION	Zip Code 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 ROBERT N SPENCE **DATE** 4/28/2005

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT N SPENCE 3526 GRAMAR COOKEVILLE, TN 38501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID F PEACE 5055 FOX RIDGE CT ANN ARBOR, MI 48103
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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:  **ROBERT N SPENCE, TREASURER** **DATE** 4/28/2005 **Daytime Phone #** 931-528-7581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR