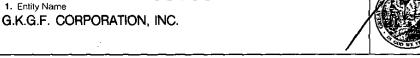
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** J36855





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Principal Place of Business 429 WALNUT ROCHESTER MI 48307.			Mailing Address 4 <del>29 WALNU</del> T R <del>OCHESTER MI-48</del> 307			<del></del>		A TRANSINA RINA TININ BINDA KRIBA BINDA BANDA BINDA BIRDA BIRDA BIRDA	- <b> </b>	
0.00000000	No - of Division		T 0 1/2	Day Aulalagaa						
2. Principal Place of Business 30.3 S. MAIN ST				3. Mailing Address 303 S. MAIN ST					41411 61511 1541	
Suite, Apt.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State				City & State				4. FEI Number 59-2727167 Applied For		
ROCHESTER MI			ROCHESTER MI						Not Applicable	
<u>48307</u>	07 Country 0AKLAND			Zip   Cour 48307   OA			5. Certificate of Status Desired   6. Certificate of Status Desired   6. Certificate of Status Desired   6. Certificate of Status Desired   7. Certificate of Status Desired   7. Certificate of Status Desired   7. Certificate of Status Desired   8. Certificate of Status Desired   8. Certificate of Status Desired   9. Certificate   9. Certificate			
6. Name and Address of Current F								7. Name and Address of New Registered Agent		
SUPPLA COURTY P.						Name				
FURR & COHEN P.A.				(S		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
INTERSTATE PLAZA, SUITE 412 1499 WEST PALMETTO PARK ROAD										
BOCA RATON FL 33486							Clty Zip Code			
•										
<ol><li>The above the obligat</li></ol>	named entitions of legist	submits this statement for ered agent.	the purp	ose of changing its	registere	ed office or r	registered	ed agent, or both, in the State of Florida. I am familiar wit	h, and accept	
Je I Malling Proc										
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if app	dicable. (NOT	E: Registere	d Agent signature	e required wh	when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									.00 May Be led to Fees	
10.		OFFICERS AND		RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 11	
TITLE	SVD	<del></del>		☐ Delete	TITLE			[ Chang		
NAME	MARSH, G				NAM	1	21	LOG PEBBLE BEACH		
STREET AODRESS 4366 ORION RD. CITY-ST-ZIP ROCHESTER MI 48306						ET ADDRESS -ST-ZIP		DAKLAND MI 48363		
TITLE	PTD			Delete	TITLE			Chang	e	
NAME	STRAMAGI	LIA-MARSH, KATHERINE	•		NAM	- 1	~. ·	26 PEBBLE BEACH		
STREET ADDRESS 4366 ORION RD ROCHESTER FL 48306						ET ADDRESS -ST-ZIP		AKLAND MI 48363		
TITLE	INDONEST	LITTE 40000		Delete	TITLE			Chang	a	
NAME					NAM	E				
STREET ADDRESS   CITY-ST-ZIP						ET ADDRESS -ST-ZIP				
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NAME -	/,	<u> </u>	~		'NAM	ſ	×			
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CITY-ST-ZIP	<del></del>	<del></del>			TITLE	-ST-ZIP		Change	e	
TITLE NAME				L_] Delete	NAM			Change	, LJ Addition	
STREET ADDRESS	ļ					ET ADDRESS				
CITY-ST-ZIP	<b> </b> -	<del>.</del>		<u> </u>	-	-ST-ZIP		F-1 ()		
TITLE NAME				Delete	TITLE NAMI			Change	Addition	
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP	L					-ST-ZIP				
indicated	on this repor	t or supplemental report is	true and	accurate and that r	ny signat	ure shall hav	ve the sa	ction 119.07(3)(i), Florida Statutes. I further certify that the ame legal effect as if made under oath; that I am an offic Florida Statutes; and that my name appears in Block 10	er or director	

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

SIGNATURE: \_