

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90050 041 ***550.00

DOCUMENT # J36855

1. Entity Name

G.K.G.F. CORPORATION, INC.



Principal Place of Business

429 WALNUT
ROCHESTER MI 48307

Mailing Address

429 WALNUT
ROCHESTER MI 48307

2. Principal Place of Business

303 S. MAIN ST
Suite, Apt. #, etc.

3. Mailing Address

303 S. MAIN ST
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

ROCHESTER MI

City & State

ROCHESTER MI

4. FEI Number

59-2727167

Applied For

Not Applicable

Zip
48307

Country

OAKLAND

Zip

48307

Country

OAKLAND

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FURR & COHEN P.A.
INTERSTATE PLAZA, SUITE 412
1499 WEST PALMETTO PARK ROAD
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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] Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
MARSH, GARRY
4366 ORION RD.
ROCHESTER MI 48306 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
STRAMAGLIA-MARSH, KATHERINE
4366 ORION RD
ROCHESTER FL 48306 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2626 PEBBLE BEACH
OAKLAND MI 48363 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2626 PEBBLE BEACH
OAKLAND MI 48363 ☒ Change ☐ Addition

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

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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

[Signature] REQUIRED President

7-2-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)