

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-22-2002 90224 022 ****50.00
 07-30-2002 90001 018 ****50.00

DOCUMENT # M00000000375

1. Entity Name
PROLINE BILLIARD FACTORY, LLC

911534



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 380 N. OLD WOODWARD. STE. 314 380 N. OLD WOODWARD. STE. 314
 BIRMINGHAM MI 48009 BIRMINGHAM MI 48009

2. Principal Place of Business 3. Mailing Address
3601 S. SANFORD AVE. **3601 S. SANFORD AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SANFORD, FL **SANFORD, FL**

Zip Country Zip Country
32113 **USA** **32113** **USA**

4. FEI Number **38-3516251** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURICE, MARK A MR		NAME		
STREET ADDRESS	380 N. OLD WOODWARD #314		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, TOM MR		NAME		
STREET ADDRESS	1300 NE 16TH AVE #203		STREET ADDRESS		
CITY-ST-ZIP	PORTLAND OR 97232		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, R. J MR		NAME		
STREET ADDRESS	380 N. OLD WOODWARD #300		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISELS, ALLEN MR		NAME		
STREET ADDRESS	380 N. OLD WOODWARD #314		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM MI 48009		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, BILL MR		NAME		
STREET ADDRESS	110 S. STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	NEWTON PA 18940		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ROBERT MR		NAME		
STREET ADDRESS	700 N. HIGHWAY 17-92		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP		

11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **MAURICE A. MAURICE** **7/3/02 401-324-4171**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)