

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000808

1. Entity Name

GNA PERFORMANCE SOLUTIONS, LLC



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 29 AM 10:17

Principal Place of Business

950 TAYLOR AVE  
GRAND HAVEN MI 49417

Mailing Address

3599 UNIVERSITY BLVD., SOUTH SUITE B  
JACKSONVILLE FL 32216

~~950 Taylor Ave~~

2. Principal Place of Business

3. Mailing Address 950 Taylor Ave  
Grand Haven, MI 49417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3640147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GEIGER, ALLAN T  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
1  
City Plantation 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

Claudia L. Saari

Claudia L. Saari  
Asst. Secretary

7/14/03

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

(NOTE: Registered Agent Signature Required)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>SNEED, GARY<br>116 CARRIAGE LAMPWAY<br>PONTE VEDRA BEACH FL 32082 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHNSON, BRUCE M<br>12138 MANDARIN RD<br>JACKSONVILLE FL 32223     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BEYER, ROBERT<br>801 E LASALLE ST.<br>SOUTH BEND IN                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>NEDERVELD, GARY L<br>950 TAYLOR AVE.<br>GRAND HAVEN MI             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>BAER, DOUGLAS M<br>3599 UNIVERSITY BLVD S.<br>JACKSONVILLE FL     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>CUSICK, W. PATRICK<br>4827 PHILLIPS HWY<br>JACKSONVILLE FL        | <input checked="" type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>b<br>Steven N. Davidson<br>1414 Regina Ave.<br>Portage, MI 49024 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>o<br>Kenneth E. Scholten<br>8182 Buchanan<br>Allendale, MI 49401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>700022070367<br>08/05/03--01044--024 **\$0.00                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:

Steven N. Davidson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/10/03 (616) 233-3491

Date

Daytime Phone #

0002023