


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000128288

1. Entity Name
 101 BUSINESS CENTER, INC.



Principal Place of Business Mailing Address
 21500 HAGGERTY ROAD 21500 HAGGERTY ROAD
 SUITE 100 SUITE 100
 NORTHVILLE MI 48167 NORTHVILLE MI 48167

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **13-4225194** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CAPOZZOLI, JOE	
STREET ADDRESS	21500 HAGGERTY RD #100	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, GENE S	
STREET ADDRESS	21500 HAGGERTY RD #100	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAPOZZOLI, PAMELA	
STREET ADDRESS	21500 HAGGERTY RD #100	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURT, KATHLEEN J	
STREET ADDRESS	21500 HAGGERTY RD #100	
CITY-ST-ZIP	NORTHVILLE MI 48167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 03/02/04-80034-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joe Capozzoli Date 2-26-04 Daytime Phone # 248-305-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR