

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10860

1. Entity Name

JSJ SEATING CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90069 050 ***150.00

Principal Place of Business

Mailing Address

1 INDUSTRIAL PARK
BELTON TX 76513-1922

700 ROBBINS RD.
GRAND HAVEN MI 49417-2603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-1705932**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARE, PAUL D
1327 N US HWY 1
ORMOND BCH FL 32175

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, MARTIN, F.	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI 49417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OZARK, EDWARD L.	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI	
TITLE	CD	<input type="checkbox"/> Delete
NAME	METZGER, MICHAEL D.	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHERWOOD, LYNNE	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI 49417	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, D F	
STREET ADDRESS	1 INDUSTRIAL DR	
CITY-ST-ZIP	BELTON TX 76512-1922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Martin, F.	
STREET ADDRESS	700 Robbins Road	
CITY-ST-ZIP	Grand Haven, MI 49417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Metzger, Michael D.	
STREET ADDRESS	700 Robbins Road	
CITY-ST-ZIP	Grand Haven, MI 49417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Philip E.	
STREET ADDRESS	700 Robbins Road	
CITY-ST-ZIP	Grand Haven, MI 49417	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Metzger **REQUIRED** 2/9/00 (616) 842-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)