

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90030 014 ***150.00

0698787

DOCUMENT # P10860

1. Entity Name

JSJ SEATING CORPORATION

Principal Place of Business

**1 INDUSTRIAL PARK
BELTON TX 76513-1922**

Mailing Address

**700 ROBBINS RD.
GRAND HAVEN MI 49417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **74-1705932**

Applied For

Not Applicable

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

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

(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, 2001 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	C	<input type="checkbox"/> Delete
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	TD	<input type="checkbox"/> Delete
NAME	OZARK, EDWARD L.	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ozark, Edward L.	
STREET ADDRESS	700 Robbins Road	
CITY-ST-ZIP	Grand Haven, MI 49417	

TITLE	VD	<input type="checkbox"/> Delete
NAME	METZGER, MICHAEL D.	
STREET ADDRESS	700 ROBBINS ROAD	
CITY-ST-ZIP	GRAND HAVEN MI 49417	

TITLE	VTD	<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	SD	<input type="checkbox"/> Delete
NAME	SHERWOOD, LYNNE	
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	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, PHILIP E	
STREET ADDRESS	700 ROBBINS RD	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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*

Michael D. Metzger

April 6, 2001

616-842-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)