

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90364 049 \*\*\*150.00

**DOCUMENT #** P11259

1. Entity Name

INDEPENDENCE ONE BROKERAGE SERVICES, INC. ✓

Principal Place of Business

Mailing Address

27777 Inkster Road  
 Mail Code 10-98  
 Farmington Hills, MI 48334

P.O. Box 9065  
 Mail Code 10-98  
 Farmington Hills, MI 48333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2670726

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

A0070952

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. 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.

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 D ☐ Delete  
 NAME ROBERT J. STAPLETON  
 STREET ADDRESS 27777 Inkster Road  
 CITY-ST-ZIP Farmington Hills, MI 48334

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S ☒ Delete  
 NAME GAYLE S. MCGREGOR  
 STREET ADDRESS 27777 Inkster Road  
 CITY-ST-ZIP Farmington Hills, MI 48334

TITLE S ☒ Change ☐ Addition  
 NAME LAURA NIEBER  
 STREET ADDRESS 27777 Inkster Road  
 CITY-ST-ZIP Farmington Hills, MI 48334

TITLE T ☐ Delete  
 NAME ANNE BECK  
 STREET ADDRESS 27777 Inkster Road  
 CITY-ST-ZIP Farmington Hills, MI 48334

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS ☐ Delete  
 NAME DEBBIE HEIL  
 STREET ADDRESS 27777 Inkster Road  
 CITY-ST-ZIP Farmington Hills, MI 48334

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DVP ☐ Delete  
 NAME DEAN KELLY  
 STREET ADDRESS 27777 Inkster Road  
 CITY-ST-ZIP Farmington Hills, MI 48334

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DP ☐ Delete  
 NAME JAMES BADGE  
 STREET ADDRESS 27777 Inkster Road  
 CITY-ST-ZIP Farmington Hills, MI 48334

TITLE ☐ Change ☐ 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:

DEBBIE HEIL, ASSISTANT SECRETARY

(248) 473-3860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)