

2000 UNIFORM BUSINESS REPORT (UBR)

05-9889

DOCUMENT # P12124

1. Entity Name

WILLIAMSBURG-ZLOTOFF, INC.

FILED

00 APR 28 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

W. LONG LAKE ROAD SUITE 104
MI 48098

2025 W. LONG LAKE ROAD SUITE 104
TROY MI 48068-4100

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 38-2708419

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

SINGER, GLORIA
2901 W. STATE ROAD 434
SUITE 141
LONGWOOD FL 32779

Name

CorpDirect Agents

Street Address (P.O. Box Number is Not Acceptable)

103 N. Meridian Street - Lower Level

City

Tallahassee

FL

Zip Code
32301

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

Cynthia A. Hicks
Signature typed, printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ZLOTOFF, PAUL
280 DAINES ST.-STE.300
BIRMINGHAM MI ☐ Delete

TITLE
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☐ Change ☐ Addition

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SINGER, GLORIA Y
2901 W STATE ROAD 434 #141
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)