2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2025 W. LONG LAKE ROAD SUITE 104

P12124 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SIGNATURE:

2025 W. LONG LAKE ROAD SUITE 104

WILLIAMSBURG-ZLOTOFF, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90062 029 ***150.00

OD WE THE

HOT MI 48U	196		TROY	Y MI 48098									
2. Principal Place of Business 280 Daines street				3. Mailing Address Daines Street			at	II.	18 (188) 181 (1814			a li a lah a lah	
Suite, Apt.#, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
Birmingham, MI				y & State	an,	MI		4. FEI Nu	umber 38-2	708419		⊢	Applied For Not Applicable
480		Country	Zip.	18007	Country	JSA			cate of Status			\$8.75 Ac	
	6. Name	and Address of Current	Register	ed Agent				7. Name	and Addres	of New Re	gistered /	Agent	
CORPDIRECT AGENTS						Name							
103 N. MERIDIAN STREET						Street Address (P.O. Box Number is Not Acceptable)							
LOWER LI					<u> </u>								·
	SSEE FL 323	Λ4			L				<u></u>				
						City	FL Zip Code						
The above the obligation	e named entity tions of registe	submits this statement for	the purp	oose of changing its	registered o	office or regis	tered	l agent, or	both, in the	State of Flor	ida. I am f	amiliar with	, and accept
ine obliga	lions of registe	red agent.											
SIGNATURE													
	Signature, typed or	printed name of registered agent a	nd title if app	plicable. (NOTE	: Registered Age	ent signature requ	ired wh	nen reinstating	a)		DATE		
F	ILE NOW!!!	FEE IS \$150.00	_								-		
		Fee will be \$550.00						9.	Election Ca				00 May Be
Make Check	k Payable to	Florida Department of	State						Trust Fund (ontribution.	ــا ـ	I Adde	d to Fees
10.		OFFICERS AND D	IRECTO	DRS	11,			ADDITIO	NS/CHANGE	S TO OFFIC	ERS AND	DIRECTOR	IS IN 11
TITLE	Р			☐ Delete	TITLE	7:	~ ^	Oca.	<u>- </u>			☐ Change	Addition
NAME	ZLOTOFF, P	AUL			NAME	a	n 6	- 60	2 LOTO 1 N E S	FF		☐ Onlingt	Addition
STREET ADDRESS							0 0 0 0	- CA	N 55	CT. #	- 300		
CITY-ST-ZIP	BIRMINGHA	M MI_			CITY-ST-	ZIP C	F 0	~~~~	GH AM	MI	480	D9	
THTLE		·		☐ Delete	TITLE		<i>7</i> \ ~		V (1		Change	☐ Addition
NAME					NAME							onengs	
STREET ADDRESS	ł				STREET AD	ODRESS							
CITY-ST-ZIP					CITY-ST-2	ZIP							
TITLE "	The second			Delete	TITLE	-	*				_	Change	Addition
NAME					NAME								
STREET ADDRESS		. B.			STREET AD	DRESS							
CITY-ST-ZIP		-			CITY-ST-Z	ZIP							
TITLE		2	•	☐ Delete	TITLE							☐ Change	Addition
NAME					NAME								
STREET ADDRESS					STREET AD	DRESS							
CITY-ST-ZIP	-	···			CITY-ST-Z	ZIP							
TITLE				☐ Delete	TITLE							☐ Change	Addition
NAME OXPRET ADDRESS					NAME	ľ						-	
STREET ADDRESS					STREET ADI								
CITY-ST-ZIP		·			CITY-ST-Z	IP							
TITLE		 -		☐ Delete	TITLE							☐ Change	☐ Addition
NAME					NAME	1							
STREET ADDRESS					STREET ADI	DRESS							
CITY-ST-ZIP	<u></u>			,	CITY-\$T-Z	1							
12. I hereby c indicated of the corp changed	ertify that the in on this report of poration or the	nformation supplied with the supplemental report is to receiver or trustee empowement with an address, with a supplied with the supplied	nis filing of tue and a ered to e	does not qualify for t accurate and that my execute this report a	he exemption signature services to the service	on stated in S shall have the by Chapter 60	Section sam or, Flo	on 119.07(ne legal ef orida Stati	(3)(i), Florida fect as if mad utes; and tha	Statutes. I fulle le under oat I my name a	irther certi h; that I ar appears in	fy that the in n an officer Block 10 or	nformation or director Block 11 if
January God,	- Jon an anath	oric mini an additess, Wil	an oyne	cings cinpowered.									