

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90361 003 ***150.00

DOCUMENT # P15566
1. Entity Name
GUARDIAN FIBERGLASS SERVICE CORPORATION



Principal Place of Business
2300 HARMON ROAD
AUBURN HILLS MI 48326-1714
US

Mailing Address
2300 HARMON ROAD
AUBURN HILLS MI 48326-1714
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2753020**

Applied For
Not Applicable

Zip Country Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FAULKNER, DUANE	
STREET ADDRESS	2300 HARMON ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHLANG, ALAN L	
STREET ADDRESS	2300 HARMON ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326-1714	
TITLE	T	<input type="checkbox"/> Delete
NAME	WAICHUNAS, E. ANN	
STREET ADDRESS	2300 HARMON ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326-1714	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARSHALL, ROBERT	
STREET ADDRESS	2300 HARMON ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326-1714	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, WILLIAM	
STREET ADDRESS	2300 HARMON ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326-1714	
TITLE	V	<input type="checkbox"/> Delete
NAME	KNIGHT, JEFFREY A	
STREET ADDRESS	2300 HARMON ROAD	
CITY-ST-ZIP	AUBURN HILLS MI 48326-1714	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine C. Castillo* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03 **248-340-2272**
Date Daytime Phone #

CR2E034 (10/02)