

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P17189**

1. Entity Name
C T SERVICES, INC.

Principal Place of Business

**27650 FRANKLIN RD
SOUTHFIELD MI 48034**

Mailing Address

**27650 FRANKLIN RD
SOUTHFIELD MI 48034**

2. Principal Place of Business

30 OAK Hollow

3. Mailing Address

30 OAK Hollow

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

SOUTHFIELD MI

City & State

SOUTHFIELD MI

Zip

48034

Country

USA

Zip

48034

Country

USA

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **SD** ☒ Delete
NAME **CHAMBERS, ROBERT C**
STREET ADDRESS **26750 FRANKLIN RD.**
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **TD** ☒ Delete
NAME **CHAMBERS, MARK**
STREET ADDRESS **27650 FRANKLIN RD.**
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **P** ☐ Delete
NAME **CHAMBERS, ROBERT C.**
STREET ADDRESS **26750 FRANKLIN RD.**
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **VP** ☒ Delete
NAME **CHAMBERS, MARK S.**
STREET ADDRESS **27650 FRANKLIN RD.**
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JACK GROSS**
STREET ADDRESS **160 CLAIREMONT**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ROBERT FLEMING**
STREET ADDRESS **160 CLAIREMONT**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **STAN WEAVER**
STREET ADDRESS **160 CLAIREMONT**
CITY-ST-ZIP **DECATUR GA 30030**

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 8/16/02 248-351-9550
Date Daytime Phone #

FILED

02 AUG 23 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



\$550.00

DO NOT WRITE IN THIS SPACE

06/19/02 90459 002

4. FEI Number **38-2756859** Applied For ☐ Not Applicable ☐

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