

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25503

1. Entity Name

GP RENFLO, INC.

Principal Place of Business

2901 W. STATE RD 434
STE 141
LONGWOOD FL 32779
US

Mailing Address

2901 W. STATE RD 434
STE 141
LONGWOOD FL 32779-4883
US

2. Principal Place of Business

3. Mailing Address

2025 W. Long Lake Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#104

City & State

City & State
Troy, MI

Zip

Country

Zip

Country
U.S.

4. FEI Number

38-2881091

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, GARY
2901 W. STATE RD 434
STE 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 Hicks

Cynthia Hicks 4-20-00

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
PTD
STOLLMAN, BERNARD H.
2025 W LONG LAKE RD #104
TROY MI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003225445--5
-04/26/00--01095--023
***158.75 ***158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SINGER, GARY
2901 W. ST RD 434 -STE 141
LONGWOOD FL 32779

☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
ZLOTOFF, PAUL M.
280 DAINES ST, STE 300
BIRMINGHAM MI

☐ Delete

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

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CITY-ST-ZIP

☐ Delete

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

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 lines empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

Daytime Phone #

CR2E034 (9/99)