

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P36137**
Entity Name
ELWITH INTERNATIONAL LTD. COMPANY

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90121 045 ***150.00

Principal Place of Business
100 BROADWAY AVE SW
GRANDVILLE MI 49418
US

Mailing Address
PO BOX 127
GRANDVILLE MI 49468-0127
US



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2026086

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

FILE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ROBERT 425 POST RD. FAIRFIELD CT 06430 <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	T VELDBOOM, WILLIAM 3100 BROADWAY AVE. SW GRANDVILLE MI 49418 <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	P DEBRUNO, RICHARD 4300 GERALD R. FORD FWY. GRANDVILLE MI 49418 <input checked="" type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	VP BILES, JOHN WEST HOUSE, KING CROSS RD. HALIFAX, WEST YORKSHIRE HX11E-B <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	AS PORTER, MICHAEL WEST HOUSE, KING CROSS RD. HALIFAX, WEST YORKSHIRE HX11E-B <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

3. 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

2/5/02

Date

616 261 1630

Daytime Phone #

CR2E034 (9/01)