

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90215 031 ***150.00

0806722 AI

DOCUMENT # P39538

1. Entity Name
BUYERS VEHICLE PROTECTION PLAN, INC.

Principal Place of Business
22505 W 12 MILE ROAD
SUITE 3000
SOUTHFIELD MI 48034-8339
US

Mailing Address
P O BOX 5070
SOUTHFIELD MI 48066
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-2957446** Applied For
 Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CFTD**
 STREET ADDRESS **DOUGLAS, W BUSK**
 CITY-ST-ZIP **6552 CANMOOR**
TROY MI 48098

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

TITLE ☐ Delete
 NAME **COPD**
 STREET ADDRESS **ROBERTS, BRETT A**
 CITY-ST-ZIP **1015 LAKE PARK**
BIRMINGHAM MI 48009

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **Roberts, Brett A.**
 CITY-ST-ZIP **1015 Lake Park**
Birmingham, MI 48009

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **FOSS, DONALD A**
 CITY-ST-ZIP **26820 DRAKE ROAD**
FARMINGTON HILLS MI

TITLE ☒ Change ☐ Addition
 NAME **CD**
 STREET ADDRESS **Foss, Donald A**
 CITY-ST-ZIP **3101 West Dobson**
Ann Arbor, MI 48105

TITLE ☒ Delete
 NAME **AS**
 STREET ADDRESS **CAVANOUGH, JOHN P**
 CITY-ST-ZIP **38693 CHESHIRE DR**
NASHVILLE MI 48167

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **PEARCE, CHARLES A**
 CITY-ST-ZIP **595 MILL STREET**
MILFORD MI 48381

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Pearce, Charles A.**
 CITY-ST-ZIP **1750 Gleneagles**
Highland, MI 48357

TITLE ☒ Delete
 NAME **COP**
 STREET ADDRESS **KNOBLAUCH, MICHAEL W**
 CITY-ST-ZIP **552 GALLALAND COURT**
ROCHESTER HILLS MI 48307

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: **BRETT A. ROBERTS** **Brett A. Roberts** **4/29/02** **(248)353-2700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)