

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90249 020 ***150.00

NR20017
AV

DOCUMENT # P93000045364

1. Entity Name
FIFESHIRE OF FLORIDA, INC.



Principal Place of Business
**ONE OXBOW DR.
PORT LABELLE FL 33935
US**

Mailing Address
**ONE OXBOW DR
LABELLE FL 33935
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0429663**

Applied For
Not Applicable

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

**HALL, GLENN
ONE OXBOW DRIVE
PORT LABELLE FL 33435**

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03
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 ☐ Delete
NAME **D STEWART, ANDREW K**
STREET ADDRESS **13740 MERRIMAN RD**
CITY-ST-ZIP **LIVONIA MI 48150**

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

TITLE ☐ Delete
NAME **D STEWART, DAVID**
STREET ADDRESS **13740 MERRIMAN RD**
CITY-ST-ZIP **LIVONIA MI 48150**

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

TITLE ☐ Delete
NAME **D SAAD, JUNE**
STREET ADDRESS **13740 MERRIMAN RD**
CITY-ST-ZIP **LIVONIA MI**

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

TITLE ☐ Delete
NAME **D STEWART, BRIAN**
STREET ADDRESS **13740 MERRIMAN RD**
CITY-ST-ZIP **LIVONIA MI 48150**

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

TITLE ☐ Delete
NAME **D KOVSKY, CHARLES E**
STREET ADDRESS **25835 SOUTHFIELD ROAD #101**
CITY-ST-ZIP **SOUTHFIELD MI 48075-1827**

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

TITLE ☐ Delete
NAME **T KILBRIDE, MICHAEL**
STREET ADDRESS **ONE OXBOW DRIVE**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Change ☐ 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:

MICHAEL KILBRIDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 863-673-2399
DATE Daytime Phone #

CR2E034 (10/02)