

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014019

1. Entity Name  
ETR Enterprises, Inc.

FILED

01 AUG 16 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4995 NW 72nd Avenue  
Suite #404  
Miami, FL 33166

Mailing Address  
PO Box 468  
7178 Headley SE  
Ada, MI 49301

2. Principal Place of Business  
4995 NW 72nd Avenue

3. Mailing Address  
PO Box 468  
7178 Headley SE

Suite, Apt. #, etc.  
Suite #404  
City & State  
Miami, FL

Suite, Apt. #, etc.  
City & State  
Ada MI

DO NOT WRITE IN THIS SPACE

Zip  
33166

Country  
USA

Zip  
49301

Country  
USA

4. FEI Number  
65-0589335

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

THOMAS KORTH  
8881 NW 13 Terr.  
Miami, FL 33172

## 7. Name and Address of New Registered Agent

Name  
Atrium Registered Agents, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1500 San Remo Ave., Suite 125

City  
Coral Gables FL Zip Code  
33146

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.

100004556981--0

-08/27/01--01014--001

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

(NOTE: Registered Agent signature required when reinstating)

\*\*\*\*158.75 \*\*\*\*158.75

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Mr. Thomas A. Korth  
8805 Conservation NE  
Ada, MI 49301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Mrs. Lucy Korth  
8805 Conservation NE  
Ada, MI 49301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Tracy L. Crane  
5216 Conmemara Ct SE  
Grand Rapids, MI 49546 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Tracy L. Crane  
5216 Conmemara Ct SE  
Grand Rapids, MI 49546 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mr. Rick Medina ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mr. Ernie Quant ☒ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100004272611-0  
-05/18/01--01130--002  
\*\*\*\*150.00 \*\*\*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
used same tracking number  
for 158.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
150.00 - AK  
8.75 - cut ☐ Change ☐ Addition

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

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

TITLE  
NAME  
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 like empowered.

SIGNATURE: Tracy L. Crane

4/17/01

616-682-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)