

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000569

1. Entity Name

ABRASIVES MAGAZINE, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90247 028 ***150.00

Principal Place of Business

818 NANCY GAMBLE LANE
ELLENTON FL
US

Mailing Address

P O BOX 101
ELLENTON FL 34222
US

2. Principal Place of Business

1437 MEADOWVIEW SW

3. Mailing Address

1437 MEADOWVIEW SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GRAND RAPIDS, MI

City & State

GRAND RAPIDS, MI 49509

Zip

49509

Country

USA

Zip

49509

Country

USA

4. FEI Number 65-0723562

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent

TREVINO, ROSE
911 10TH ST E
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name GORDON KUHN C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
3230 BAILEY STREET

City SARASOTA

FL

Zip Code 34237

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: *X Rose Trevino*

(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, 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 D
NAME TRAVINO, ROSE
STREET ADDRESS 818 NANCY GAMBLE LANE
CITY-ST-ZIP ELLENTON FL 34222 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME ROSE TREVINO ☒ Change ☐ Addition
STREET ADDRESS 1437 MEADOWVIEW SW
CITY-ST-ZIP WYOMING, MI 49509

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

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: *X Rose Trevino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2001

Date

Daytime Phone #

CR2E034 (10/00)