

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90156 011 ***150.00

DOCUMENT # P97000000569

1. Entity Name
ABRASIVES MAGAZINE, INC.

Principal Place of Business

**1437 MEADOWVIEW SW
 GRAND RAPIDS MI 49509
 US**

Mailing Address

**1437 MEADOWVIEW SW
 GRAND RAPIDS MI 49509
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0723562**

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

**KUHN, GORDON
 3230 BAILEY ST
 SARASOTA FL 34237**

Name **~~ROSE TRAVINO~~**

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

~~1437 MEADOWVIEW SW~~

City **~~WYOMING MI~~**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **TRAVINO, ROSE**
 STREET ADDRESS **1437 MEADOWVIEW SW**
 CITY-ST-ZIP **WYOMING MI 49509**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2002 616-530-3220

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
ID# P970000055
B0130529

Please accept my apologies
for not making this fee payment
prior to last April. We did not
receive your notice of payment
until now, due to our address
change. We will not be late
again.

Kind Regards

Rosenbloom

ABrasives Magazine, Inc.

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