2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am § Secretary of State DOCUMENT # V32706 1. Entity Name 03-05-2002 90013 029 ***150.00 TEAM CANONIE, INC. Principal Place of Business Mailing Address 521 LAKE BLVD 521 LAKE BLVD ST JOSEPH MI 49085 ST JOSEPH MI 49085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 38-306 1826 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE NAME CANONIE, TONY JR NAME STREET ADDRESS STREET ADDRESS 521 LAKE BLVD CITY-ST-ZIP CITY-ST-ZIP ST JOSEPH MI TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME OVERHUEL, JANET L STREET ADDRESS STREET ADDRESS **521 LAKE BLVD, STE 710** CITY-ST-ZIP CITY-ST-ZIP ST JOSEPH MI TITLE-☐ Delete-TITLE ☐ Change · 🔲 Addition D NAME NAME FELIX, RONALD A STREET ADDRESS STREET ADDRESS 331 AVES DAIRY RD, UNIT 1 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33179 TITLE ☐ Delete TITLE Change Addition NAME NAME ROY, ERIC P STREET ADDRESS STREET ADDRESS 5626 LOCH MORE CT. CITY-ST-ZIP CITY-ST-ZIP **DUBLIN OH 43017** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered