2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 19, 2001 8:00 am **DOCUMENT #821369 Secretary of State** 1. Entity Name WHITEHALL ENTERPRISES, INC. 01-19-2001 90164 008 ***150.00 Principal Place of Business Mailing Address 3400 MORGAN ROAD 3400 MORGAN ROAD ANN ARBOR MI 48108 ANN ARBOR MI 48108 00006144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 38-1539810 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CHARTIER, MAXINE** Street Address (P.O. Box Number is Not Acceptable) 2856 SUNSET BLVD **BELLEAIR BLUFFS FL 33770** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so After MAY 1, 2001 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. CEO ☐ Addition TITLE ☐ Delete ☐ Change TITLE JOHNSON,LLOYD R NAME STREET ADDRESS STREET ADDRESS 2838 SUNSET BLVD. CITY-ST-ZIP CITY-ST-ZIP BELLEAIR BLUFFS FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME JOHNSON, MABEL STREET ADDRESS STREET ADDRESS 2838 SUNSET BLVD. CITY-ST-ZIP CITY-ST-ZIP BELLEAIR BLUFFS FL ☐ Oelete TITLE Change Addition TITLE NAME KUMMER, GORDON H. NAME STREET ADDRESS STREET ADDRESS 9367 WILD OAKS CR. CITY-ST-ZIP CITY-ST-ZIP SOUTH LYON MI TITLE ☐ Delete NAME KUMMER, LINDA NAME 11108 SANDY CREEK DR. STREET ADDRESS STREET ADDRESS 9367 WILD OAKS CR CITY-ST-ZIP CITY-ST-ZIP SOUTH LYON MI 48178 TITLE Delete TITLE NAME CHARTIER, MAXINE NAME STREET ADDRESS STREET ADDRESS 2856 SUNSET BLVD CITY-ST-ZIP CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770** TITLE ☐ Delete TITLE Change ☐ 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