

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90035 032 ***150.00

DOCUMENT # 853300

1. Entity Name

ABBOTT K. SCHLAIN COMPANY

Principal Place of Business

Mailing Address

10524 E GRAND RIVER
 SUITE 111
 BRIGHTON MI 48116
 US

10524 E GRAND RIVER
 SUITE 111
 BRIGHTON MI 48116-9559
 US

2. Principal Place of Business

3. Mailing Address

50242 PONTIAC TRAIL

50242 PONTIAC TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WIXOM, MI

WIXOM, MI

Zip

Country

Zip

Country

48393

OAKLAND

48393

OAKLAND

4. FEI Number

38-1963291

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHLAIN, ABBOTT K.
 701 E. CAMINO REAL
 BOCA RATON FL 33432

Name

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

City

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.

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHLAIN, A.K.	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 701 E. CAMINO REAL		STREET ADDRESS:	
CITY-ST-ZIP: BOCA RATON FL		CITY-ST-ZIP:	
NAME: SITZLER, RANDY	<input type="checkbox"/> Delete	NAME:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10524 E GRAND RIVER., STE 111		STREET ADDRESS: <i>50242 PONTIAC TRAIL</i>	
CITY-ST-ZIP: BRIGHTON MI 48116		CITY-ST-ZIP: <i>WIXOM, MI 48393</i>	
NAME:	<input checked="" type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP:		CITY-ST-ZIP:	
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NAME:	<input type="checkbox"/> Delete	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy W. Sitzler

RANDY W. SITZLER
PRESIDENT

2-15-00

248-668-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)