

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90146 029 ***150.00

DOCUMENT # F99000001445

1. Entity Name

FLEXTech, INC.

Principal Place of Business

Mailing Address

**445 BUTTERNUT DRIVE
 HOLLAND MI 49424**

**445 BUTTERNUT DRIVE
 HOLLAND MI 49424-1503**

703822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2878822

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

**GALATI, JOYCE
 5172 FAR OAK CIRCLE
 SARASOTA FL 34238**

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	PFENT, CRAIG	
STREET ADDRESS	2186 JACOBUSSE COURT	
CITY-ST-ZIP	HOLLAND MI 49424	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	DRAKE, MARLENE	
STREET ADDRESS	420 N. 168TH AVENUE	
CITY-ST-ZIP	HOLLAND MI 49424	
TITLE	TS	<input type="checkbox"/> Delete
NAME	VAN DAM, JULIE	
STREET ADDRESS	1289 W. LAKEWOOD BLVD.	
CITY-ST-ZIP	HOLLAND MI 49424	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, PHYLLIS	
STREET ADDRESS	1824 TIFFANY SHORES COURT	
CITY-ST-ZIP	HOLLAND MI 49424	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-10-00
 Date

616-392-9726
 Daytime Phone #

CR2E034 (9/99)