

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90050 041 \*\*\*550.00

0649163 AT

DOCUMENT # **J36855**

1. Entity Name  
**G.K.G.F. CORPORATION, INC.**



Principal Place of Business  
**429 WALNUT  
ROCHESTER MI 48307**

Mailing Address  
**429 WALNUT  
ROCHESTER MI 48307**



2. Principal Place of Business  
**303 S. MAIN ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**303 S. MAIN ST**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**ROCHESTER MI**

City & State  
**ROCHESTER MI**

4. FEI Number  
**59-2727167**

Applied For  
 Not Applicable

Zip  
**48307** Country  
**OAKLAND**

Zip  
**48307** Country  
**OAKLAND**

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**

~~FURR & COHEN P.A.~~  
**INTERSTATE PLAZA, SUITE 412  
1499 WEST PALMETTO PARK ROAD  
BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Pres.

DATE **7-8-03**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD  
MARSH, GARRY  
4366 ORION RD.  
ROCHESTER MI 48306**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2626 PEBBLE BEACH  
OAKLAND MI 48363**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
STRAMAGLIA-MARSH, KATHERINE  
4366 ORION RD  
ROCHESTER FL 48306**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2626 PEBBLE BEACH  
OAKLAND MI 48363**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** President

DATE **7-8-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)