

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State
 08-08-2000 90020 045 ***550.00

DOCUMENT # **F99000000494**
 1. Entity Name
CHARLES M. MALTBIE ASSOCIATES, INC.

Principal Place of Business
708 FELLOWSHIP ROAD
MT. LAUREL NJ 08054

Mailing Address
708 FELLOWSHIP ROAD
MT. LAUREL NJ 08054

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **23-1615421**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS		
ADDRESS -ZIP	CT VOGEL, GERHARD 708 FELLOWSHIP ROAD MT. LAUREL NJ 08054	<input type="checkbox"/> Delete
ADDRESS ZIP	PVC MALTBIE, CHARLES M JR. 708 FELLOWSHIP ROAD MT. LAUREL NJ 08054	<input type="checkbox"/> Delete
ADDRESS ZIP		<input type="checkbox"/> Delete
ADDRESS P		<input type="checkbox"/> Delete
ADDRESS		<input type="checkbox"/> Delete
ESS		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 applicable, or on an attachment with an address, with another name empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 Charles M. Maltbie, Jr.

7/27/00 856-234-0052
 Date Daytime Phone #