

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90106 049 \*\*\*150.00

**DOCUMENT # P24281**

1. Entity Name  
**J. FLETCHER CREAMER & SON, INC.**

Principal Place of Business 101 E BROADWAY HACKENSACK NJ 07601	Mailing Address 101 E BROADWAY HACKENSACK NJ 07601
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00011036



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 **21-0665029**

Applied For  
 Not Applicable

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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, 2001 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	NAME	TITLE	NAME
VD	CREAMER, DALE A 426 AIRMOUNT AVE RAMSEY NJ	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	CREAMER, GLENN L 8 ARROWHEAD CT RAMSEY NJ	<input type="checkbox"/> Delete	<b>EXECUTIVE VICE PRESIDENT / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
AS	SHEETZ, ROBERT M. 237 ATISON RD MEDFORD NJ	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	CREAMER, J. FLETCHER, JR 49 E. SADDLE RIVER ROAD SADDLE RIVER NJ	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	SUPPA, ANTHONY C 21 TELFORD LANE MOUNT LAUREL NJ	<input checked="" type="checkbox"/> Delete	<b>VICE PRESIDENT / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DALE A. CREAMER 426 AIRMOUNT AVE. RAMSEY, NJ 07446
S	MARAFINO, ESTELLE R 41 VAN ORDEN RD HARRINGTON PARK NJ	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. Fletcher Creamer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01  
Date

(201) 488-9800  
Daytime Phone #

CR2E034 (10/00)