

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90102 035 ***150.00

DOCUMENT # 829304

1. Entity Name
ASPLUNDH BRUSH CONTROL CO.



Principal Place of Business
**BLAIR MILL RD
WILLOW GROVE PA 19090**

Mailing Address
**BLAIR MILL RD
WILLOW GROVE PA 19090**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-1491320**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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
**PD
ASPLUNDH, CHRISTOPHER
1591 HAMPTON RD
MEADOWBROOK PA 19046** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
ASPLUNDH, CHRISTOPHER B
3700 BUCK RD,
HUNTINGDON VALLEY PA 19006** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASPLUNDH, PAUL S.
3175 BUCK ROAD
HUNTINGDON VALLEY PA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASPLUNDH, E. BOYD
DALE RD.
BRYN ATHYN PA** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ASPLUNDH, SCOTT M
1591 HAMPTON RD
MEADOWBROOK, PA 19046** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASPLUNDH, CARL H. JR
P. O. BOX 148, 2670 SUGAN ROAD
SOLLBURY PA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DWYER, JOSEPH P.
419 SHOEMAKER WAY
LANSDALE PA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASPLUNDH, ROBERT H.
2700 ALNWICK RD.
BRYN ATHYN PA** ☐ 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY - TREASURER

01/14/03

Daytime Phone #

CR2E034 (10/02)