

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001668

1. Entity Name
STRATUS SERVICES GROUP, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90345 020 ***150.00

Principal Place of Business
500 CRAIG RD. STE 201
MANALAPAN NJ 07726

Mailing Address
500 CRAIG RD. STE 201
MANALAPAN NJ 07726

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 22-3499261

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

RAYMOND, JOSEPH J JR
1964 HOWELL BRANCH RD STE 202
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RUTKIN, MICHAEL J	
STREET ADDRESS	15 WILKINSON RD	
CITY-ST-ZIP	RANDOLPH NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAYMOND, J T	
STREET ADDRESS	29 CORONET AVE	
CITY-ST-ZIP	LINCROFT NJ	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RAYMOND, JOSEPH J	
STREET ADDRESS	17140 CORAL COVE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KINGSTON, HARRY R	
STREET ADDRESS	78-312 BONANZA DR	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	MALTZMAN, MICHAEL A	
STREET ADDRESS	206 MUSKFLOWER CT	
CITY-ST-ZIP	TOMS RIVER NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEIDT, DONALD	
STREET ADDRESS	13 NORMANDY DR	
CITY-ST-ZIP	WESTFIELD NJ 07091	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph J Raymond CEO 3/27/03 732-866-0320

CR2E034 (10/02)