

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 229744

1. Entity Name

STRAHL & PITSCH, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90063 014 ***150.00

Principal Place of Business

Mailing Address

230 GREAT EAST NECK RD.
P.O. BOX 1098
WEST BABYLON NY 11704

230 GREAT EAST NECK RD.
P.O. BOX 1098
WEST BABYLON NY 11704-0098

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

13-2526829

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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, 2000 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	FRANCE, WILLIAM P	
STREET ADDRESS	60 LUCINDA DRIVE	
CITY-ST-ZIP	BABYLON NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINSON, DANIEL	
STREET ADDRESS	ONE SEA SPRAY ROAD	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMALL, LAUREN COHEN	
STREET ADDRESS	8419 STEVENSON RD.	
CITY-ST-ZIP	BALTIMORE, M.D	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	LIST, AUSTIN	
STREET ADDRESS	20 E 76TH ST APT 12-F	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACK, AARON	
STREET ADDRESS	976 SUMMIT AVE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE		<input type="checkbox"/> Delete
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William P. France - President 2/10/00 516-587-9000

CR2E034 (9/99)