

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90165 012 ***558.75

DOCUMENT # 647919

1. Entity Name
ANDERSON AND VREELAND AMERICAS, INC.



Principal Place of Business

P O BOX 1246
FAIRFIELD NJ 07006

Mailing Address

P O BOX 1246
FAIRFIELD NJ 07006

2. Principal Place of Business

8 EVANS STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

FAIRFIELD, NJ

City & State

Zip

07004

Country

USA

Zip

Country

4. FEI Number

59-1968829

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

GARGIULO, ANTHONY
209 THORTON DR.
PLAM BEACH GARDENS FL 33418

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **C** ☐ Delete
NAME **ANDERSON, WESLEY K**
STREET ADDRESS **8 EVANS ST**
CITY-ST-ZIP **FAIRFIELD NJ 07006**

TITLE **BM** ☐ Delete
NAME **VREELAND, HOWARD**
STREET ADDRESS **8 EVANS STREET**
CITY-ST-ZIP **FAIRFIELD NJ 07006**

TITLE **P** ☐ Delete
NAME **GAVIN, THOMAS**
STREET ADDRESS **8 EVANS ST**
CITY-ST-ZIP **FAIRFIELD NJ 07007**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **ANDERSON, JOSEPH K**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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:

Joseph K Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH K ANDERSON

7/9/03

973-227-2270

Date

Daytime Phone #

CR2E034 (4/03)