

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90029 010 ***150.00

DOCUMENT # 826356

1. Entity Name

Principal Place of Business
51 Everett Dr.
Suite 107B
West Windsor, NJ 08550

Mailing Address
P. O. Box 927
West Windsor, NJ 08550-0927

A0035341

2. Principal Place of Business
51 Everett Dr.
Suite, Apt. #, etc.
Suite 107B

3. Mailing Address
P. O. Box 927
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Windsor, NJ
Zip
08550

City & State
West Windsor, NJ
Zip
08550-0927
Country
USA

4. FEI Number
23-1721100

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

NRAI Services, Inc.
526 E. Park Avenue
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, 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President/Director FERRUCCI, M.A. 1209 ORANGE ST. WILMINGTON DE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Sec/Director LUTTHANS, KIM E 1209 ORANGE ST WILMINGTON DE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Assist Sec DENNY, C. M. 1209 ORANGE ST WILMINGTON DE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/T/Director HORNE, A.M. 1209 ORANGE ST WILMINGTON DE	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Dennis E. Howarth P. O. Box 927 West Windsor, NJ 08550-0927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Treasurer Edna Astacio P. O. Box 927 West Windsor, NJ 08550-0927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Dennis E. Howarth P. O. Box 927 West Windsor, NJ 08550-0927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Howarth, Pres. 3/13/01 609-716-0300

Date

Daytime Phone #