

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829304

1. Entity Name

ASPLUNDH BRUSH CONTROL CO.

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90005 011 ***150.00

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UT 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.

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, 2002 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 PD ☒ Delete
NAME ASPLUNDH, CHRISTOPHER
STREET ADDRESS 3700 BUCK ROAD
CITY-ST-ZIP HUNTINGDON VALLEY PA

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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: X

Joseph P. Dwyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH P DWYER

01/09/02

Date

Daytime Phone #

CR2E034 (9/01)