

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835148

1. Entity Name

SEABOARD ADJUSTMENT BUREAU, INC.

Principal Place of Business

Mailing Address

360 SUNRISE HIGHWAY
BOX 1128
W BABYLON NY 11704-5902

360 SUNRISE HIGHWAY
BOX 1128
W BABYLON NY 11704-0128

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

11-1870308

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

HOCH, LAWRENCE W.
585 MOONPENNY CIR
PT. ORANGE FL 32127

Name

Lawrence W. Hoch

Street Address (P.O. Box Number is Not Acceptable)

788 Pheasant Ave.

City

Port Orange

FL

Zip Code

32127

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

3/14/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	HOCH, LAWRENCE A.	14 CASTLE LANE	BAYSHORE NY	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	HOCH, LAWRENCE W.	788 PHEASANT RUN CRT	PORT ORANGE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	HOCH, LILA	14 CASTLE LANE	BAYSHORE NY	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VT	KENNETH J. PARKER	37 BROAD LAWN AVE	CENTRAL ISLIP NY	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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: X

Lawrence W. Hoch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
Date

561-669-2060
Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90056 047 ***150.00

00030294



DO NOT WRITE IN THIS SPACE

CR2000 10.000