

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835148

1. Entity Name

SEABOARD ADJUSTMENT BUREAU, INC.

Principal Place of Business

360 SUNRISE HIGHWAY
BOX 1128
W BABYLON NY 11704-5902

Mailing Address

360 SUNRISE HIGHWAY
BOX 1128
W BABYLON NY 11704-5902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HOCH, LAWRENCE W.
788 PHEASANT AVE
PT. ORANGE FL 32127

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/01

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 PD
NAME HOCH, LAWRENCE A.
STREET ADDRESS 14 CASTLE LANE
CITY-ST-ZIP BAYSHORE NY ☐ Delete

TITLE V
NAME HOCH, LAWRENCE W.
STREET ADDRESS 788 PHEASANT RUN CRT
CITY-ST-ZIP PORT ORANGE FL ☐ Delete

TITLE SD
NAME HOCH, LILA
STREET ADDRESS 14 CASTLE LANE
CITY-ST-ZIP BAYSHORE NY ☐ Delete

TITLE VT
NAME KENNETH J. PARKER
STREET ADDRESS 37 BROAD LAWN AVE
CITY-ST-ZIP CENTRAL ISLIP NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Lawrence Hoch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Hoch

2/1/01 631-669-2060

Date

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90492 032 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-1870308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0443126