

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90410 020 ***150.00

DOCUMENT # 836928

1. Entity Name
FIRST COMMERCIAL CORPORATION SOUTHEAST



Principal Place of Business
**2331 ROUTE 34
WALL TOWNSHIP NJ 08720**

Mailing Address
**2331 ROUTE 34
WALL TOWNSHIP NJ 08720**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2105123**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHRAMA, ALFRED L
100 LAKESHORE DRIVE
L2
N. PALM BEACH FL 33408**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	SCHRAMA, DONALD E.(ASST)	
STREET ADDRESS	12 SEA POINTE DR	
CITY-ST-ZIP	PT PLEASANT NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHRAMA, ALFRED L.	
STREET ADDRESS	100 LAKESHORE DR.	
CITY-ST-ZIP	N PALM BCH. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHRAMA, ROBERT C.	
STREET ADDRESS	650 PRINCETON AVE	
CITY-ST-ZIP	BRICKTOWN NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORGOSH, PETER A.	
STREET ADDRESS	200 CAMPUS DR	
CITY-ST-ZIP	FLORHAM PARK NJ	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03 732-223-6100

Date

Daytime Phone #

CR2E034 (10/02)