

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 858349

1. Entity Name

J-M PIPE MANUFACTURING COMPANY, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91561 019 ***150.00

Principal Place of Business

Mailing Address

9 PEACH TREE HILL RD
LIVINGSTON NJ 07039
US

9 PEACH TREE HILL RD
LIVINGSTON NJ 07039-5702
US

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

84-0895616

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	WANG, WALTER	
STREET ADDRESS	9 PEACH TREE HILL ROAD	
CITY-ST-ZIP	LIVINGSTON NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	NIGHTINGALE, ALICE	
STREET ADDRESS	9 PEACH TREE HILL RD.	
CITY-ST-ZIP	LIVINGSTON NJ	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WANG, Y.C.	
STREET ADDRESS	9 PEACH TREE HILL RD.	
CITY-ST-ZIP	LIVINGSTON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	WANG, SUSAN	
STREET ADDRESS	9 PEACH TREE HILL RD.	
CITY-ST-ZIP	LIVINGSTON NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	WANG, WILLIAM W.	
STREET ADDRESS	9 PEACH TREE HILL RD.	
CITY-ST-ZIP	LIVINGSTON NJ	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WANG, WILFRED	
STREET ADDRESS	9 PEACH TREE HILL RD.	
CITY-ST-ZIP	LIVINGSTON NJ	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, WALTER	
STREET ADDRESS	9 PEACH TREE HILL ROAD	
CITY-ST-ZIP	LIVINGSTON NJ	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michelle Gallagher

MICHELLE GALLAGHER

5/17/01

973-533-4119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)