

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90314 049 ***150.00

DOCUMENT # F00000000674

1. Entity Name

GUSMER CORPORATION

Principal Place of Business

**ONE GUSMER DR
LAKEWOOD NJ 08701**

Mailing Address

**12243 BRANFORD STREET
SUN VALLEY CA 91352**

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

22-3410923

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**

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	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
	DCOO	COMMETTE, DENIS S	ONE GUSMER DRIVE LAKEWOOD NJ 08701	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	P	COMMETTE, DOUGLAS	ONE GUSMER DRIVE LAKEWOOD NJ 08701	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VSTD	JOHNSON, LORI M	12243 BRANFORD STREET SUN VALLEY CA 91352	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DCFO	CHEONG, T C	12243 BRANFORD STREET SUN VALLEY CA 91352	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VDFO	MARTIN, FREDERICK W	ONE GUSMER DRIVE LAKEWOOD NJ 08701	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED

4/10/02

818-896-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #