

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001965

1. Entity Name

CARL F. EWIG INCORPORATED

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90047 005 ***150.00

Principal Place of Business
910 OAK TREE ROAD
SOUTH PLAINFIELD NJ 07080

Mailing Address
910 OAK TREE ROAD
SOUTH PLAINFIELD NJ 07080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MAXEY, WIRT T ESQUIRE
PETERS, MAXEY, SHORT & MAXEY, P.A.
3001 PONCE DE LEON BLVD., #200
CORAL GABLES FL 33134

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

TITLE C Delete
NAME EWIG, THOMAS A
STREET ADDRESS 910 OAK TREE ROAD
CITY-ST-ZIP SOUTH PLAINFIELD NJ 07080

TITLE EVD Delete
NAME EWIG, THOMAS A JR.
STREET ADDRESS 910 OAK TREE ROAD
CITY-ST-ZIP SOUTH PLAINFIELD NJ 07080

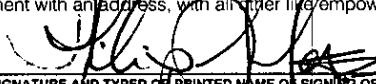
TITLE SD Delete
NAME EWIG, ANN F
STREET ADDRESS 46 MITCHELL ROAD
CITY-ST-ZIP SOUTH PLAINFIELD NJ 07080

TITLE COO Delete
NAME MASON, PHILIP J
STREET ADDRESS 910 OAK TREE ROAD
CITY-ST-ZIP SOUTH PLAINFIELD NJ 07080

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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 an officer like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP J. MASON 4/23/01 908-756-6222

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-5661295	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

CR2E034 (10/00)