

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90129 011 ***150.00

DOCUMENT # F00000007029

1. Entity Name
HANDEX OF NEW JERSEY, INC.

Principal Place of Business
500 CAMPUS DRIVE
MORGANVILLE NJ 07751-1257

Mailing Address
30941 SUNEAGLE DR.
MT. DORA FL 32757

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 **22-2764764**

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

NRAI SERVICES, INC.
526 E. PARK AVE.
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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **CD** ☐ Delete
NAME **EATMAN, ROGER**
STREET ADDRESS **30941 SUNEAGLE DRIVE**
CITY-ST-ZIP **MT. DORA FL 32757-9784**

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

TITLE **PD** ☐ Delete
NAME **BANNON, GEORGE**
STREET ADDRESS **30941 SUNEAGLE DRIVE**
CITY-ST-ZIP **MT. DORA FL 32757-9784**

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

TITLE **VAS** ☐ Delete
NAME **HEATH, IRVIN**
STREET ADDRESS **30941 SUNEAGLE DRIVE**
CITY-ST-ZIP **MT. DORA FL 32757-9784**

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

TITLE **VAS** ☒ Delete
NAME **KARP, CAROL**
STREET ADDRESS **30941 SUNEAGLE DRIVE**
CITY-ST-ZIP **MT. DORA FL 32757-9784**

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

TITLE **VAS** ☐ Delete
NAME **ANDERSON, SCOTT**
STREET ADDRESS **30941 SUNEAGLE DRIVE**
CITY-ST-ZIP **MT. DORA FL 32757-9784**

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

TITLE **S** ☐ Delete
NAME **TABOR, WILLIAM E JR.**
STREET ADDRESS **30941 SUNEAGLE DRIVE**
CITY-ST-ZIP **MT. DORA FL 32757-9784**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:  **WILLIAM E. TABOR, JR. SECRETARY 7-2-02 352.735.1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



HANDEX[®]

Practical Environmental Solutions

Attachment
Document #

FO0000007029
122140

July 3, 2002

Florida Dept. of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Handex of New Jersey, Inc.

To Whom It May Concern:

I have enclosed the UBR for Handex of New Jersey, Inc and a check for \$150 (one hundred and fifty dollars). I phoned the Dept of State, Corporations Division and was informed that if I wrote a letter of explanation for the delinquency of the report, the late fee would be waived.

We have several different entities that are registered in Florida, and while some of our entities UBR's were processed online, they were not all processed online as they should have been. Therefore, I was under the impression that all reports were completed timely through the online method.

I would appreciate a waiver of the late fee and apologize for the inconvenience. Please accept this report and check as submittal of our Uniform Business Report.

If you have any questions or comments, please call me at 352.735.1800 x174.

Sincerely,

Brooke Williams
Corporate Paralegal