

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90019 003 ***150.00

DOCUMENT # F01000005799

1. Entity Name

RESIDEX CORPORATION

Principal Place of Business

**225 TERMINAL AVENUE
CLARK NJ 07066**

Mailing Address

**1144 TALLEVAST RD. UNIT 109&110
SARASOTA FL 34243**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RICCIO, GARY

**1144 TALLEVAST RD, UNIT 109 & 110
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

**PD
NAME: SAMETH, RICHARD E
STREET ADDRESS: 800 LANIDEX PLAZA
CITY-ST-ZIP: PARSIPPANY NJ**

TITLE ☐ Delete

**V
NAME: SANETH, ROBERT A
STREET ADDRESS: 800 LANIDEX PLAZA
CITY-ST-ZIP: PARSIPPANY NJ**

TITLE ☐ Delete

**ST
NAME: BURKE, JEANNE L
STREET ADDRESS: 800 LANIDEX PLAZA
CITY-ST-ZIP: PARSIPPANY NJ**

TITLE ☐ Delete

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

TITLE ☐ Delete

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

TITLE ☐ Delete

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

TITLE ☒ Change ☐ Addition

**NAME: Sameth, Robert A.
STREET ADDRESS:
CITY-ST-ZIP:**

TITLE ☐ Change ☐ Addition

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

TITLE ☐ Change ☐ Addition

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

TITLE ☐ Change ☐ Addition

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

973 915-0100

Daytime Phone #

CR2E034 (9/01)