

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90484 025 ****70.00

DOCUMENT # F93000000896

1. Entity Name

USS NEW JERSEY VETERANS, INC.



Principal Place of Business

**83 QUEENS WAY
PORT ORANGE FL 32119
US**

Mailing Address

**83 QUEENS WAY
PORT ORANGE FL 32119
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 **16-1259166**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCDOWELL, RICHARD A
83 QUEENS WAY
PORT ORANGE FL 32119**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DO	<input type="checkbox"/> Delete
NAME	ESSER, RICHARD	
STREET ADDRESS	3930 MEISTER RD	
CITY-ST-ZIP	LORAIN OH 44053	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARD, GEORGE H	
STREET ADDRESS	10 WEST MAIN ST.	
CITY-ST-ZIP	HANCOCK NY 13783	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ADAMS, FRED	
STREET ADDRESS	202 AUTUMN TRAIL	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCDOWELL, RICHARD A	
STREET ADDRESS	83 QUEENS WAY	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, EDWARD	
STREET ADDRESS	2354 MOUNTAIN VIEW CT	
CITY-ST-ZIP	FAIRFIELD CA 94533	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PRIME, MIKE	
STREET ADDRESS	703 SENECA STREET	
CITY-ST-ZIP	FULTON NY 13069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR WEANER	
STREET ADDRESS	7947 MEADOW DR	
CITY-ST-ZIP	MECHANISVILLE, VA 23111	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard A. McDowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 15 2003 3:45 PM

CR2E037 (10/02)