

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002439

1. Entity Name

JUDEL PRODUCTS CORP.

Principal Place of Business	Mailing Address
JUDEL PRODUCTS 45 KNOLLWOOD RD. ELMSFORD, NY 10523	15 SYLVAN WAY PARSIPPANY, NJ 07054 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

22-3192254

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 JUN -9 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	COBD	<input type="checkbox"/> Delete
NAME	CHANEY, WILLIAM R	
STREET ADDRESS	51 SHORE RD	
CITY - ST - ZIP	CLINTON CT 06413	

TITLE	D	<input type="checkbox"/> Delete
NAME	KOWALSKI, MICHAEL J	
STREET ADDRESS	320 BROOKDALE ROAD	
CITY - ST - ZIP	KINNELON NJ 07405	

TITLE	D	<input type="checkbox"/> Delete
NAME	DORSEY, PATRICK B	
STREET ADDRESS	170 COLLINGWOOD AVENUE	
CITY - ST - ZIP	FAIRFIELD, CT 06432	

TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JAMES N	
STREET ADDRESS	11 ROGERS COURT	
CITY - ST - ZIP	MIDLAND PARK NJ 07432	

TITLE	TV	<input type="checkbox"/> Delete
NAME	CONNOLLY, MICHAEL W.	
STREET ADDRESS	35 FORGE HILL ROAD	
CITY - ST - ZIP	GLEN GARDNER, NJ 08826	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

MICHAEL W. CONNOLLY

06/02/00 973-254-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #