

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000000756**

1. Entity Name

UNITED VANGUARD HOMES, INC.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90334 031 ***150.00

Principal Place of Business

**4 CEDAR SWAMP ROAD
GLEN COVE NY 11542**

Mailing Address

**4 CEDAR SWAMP ROAD
GLEN COVE NY 11542**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **11-2032899**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
PAFFENDORF, CARL G
4 CEDAR SWAMP ROAD
GLEN COVE NY** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GUTTMAN, ALAN
4 CEDAR SWAMP RD
GLEN COVE NY 11542** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRANK, BENJAMIN
5785 MOUNTAIN ROAD
STOWE VT** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GABRESKI, FRANCIS S
106 RYDER AVENUE
DIX HILLS NY** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
D'ANDREA, PAUL
4 CEDAR SWAMP ROAD
GLEN COVE NY** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GOVIER, THERESA A
4 CEDAR SWAMP ROAD
GLEN COVE NY** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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: Alan Guttman - ALAN GUTTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

516-759-1188

Daytime Phone #

CR2E034 (10/00)