

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90184 018 \*\*\*150.00

**DOCUMENT # F95000001262**

1. Entity Name

**NATIONAL ACTUARIAL CONSULTANTS, LTD., INCORPORATED**

Principal Place of Business

**715 TWINING RD  
 SUITE 202  
 DRESHER PA 19025  
 US**

Mailing Address

**715 TWINING RD  
 SUITE 202  
 DRESHER PA 19025  
 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

**23-2299957**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BROWN, JEFFREY C  
 243 COLONADE CIRCLE  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Bruce B. Montgomery**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9040 Spring Run Blvd. #410**  
 City **Bonita Springs** **FL** Zip Code **34135**

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 *Bruce B. Montgomery*  
 Signature, typed or printed name of registered agent and title, if applicable.

*Bruce B. Montgomery*  
 (NOTE: Registered Agent signature required when reinstating)

**April 29, 2002**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BROWN, JEFFREY C 560 PENLLYN - BLUE BELL PIKE BLUE BELL PA 19422</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDS PATRYLAK, LARISSA 1235 FARVIEW ROAD VILLANOVA PA 19085</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Michael H. Peuler 237 Blackberry Drive Ephrata, PA 17522</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V James J. Walker 6 Valley Drive Birdsboro, PA 19508</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Diana Kleaver 777 Tyson Ave. Ardsley, PA 19038</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Brad D. Wexler 234 Windsor Way Doylestown, PA 18901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael H. Peuler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 29, 2002** **(717) 354-3535**  
 Date Daytime Phone #

CFR2E034 (9/01)