

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004021

1. Entity Name

V. PAULIUS AND ASSOCIATES CORPORATION

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90242 022 ***150.00

Principal Place of Business

Mailing Address

54 WEST ALLENDALE AVE.
ALLENDALE NJ 07401

54 WEST ALLENDALE AVE.
ALLENDALE NJ 07401-1718

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-1854335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAGELL, CHARLES J
1506 OCEAN WAY
JUPITER FL 33477

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	LAUCIUS, HENRY	
STREET ADDRESS	7 BOULDER RUN ROAD	
CITY-ST-ZIP	PATERSON NJ 07501	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAULIUS, ROBERT	
STREET ADDRESS	684 W CRESCENT AVENUE	
CITY-ST-ZIP	ALLENDALE NJ 07401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULIUS, RAYMOND	
STREET ADDRESS	32 IVERS RD.	
CITY-ST-ZIP	ALLENDALE NJ 07401	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERAZZO, CHRISTINE	
STREET ADDRESS	1816 BALDWIN FARMS DR.	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	P	<input type="checkbox"/> Delete
NAME	VAGELL, CHARLES J	
STREET ADDRESS	1506 OCEAN WAY	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRAMER, LAWRENCE F	
STREET ADDRESS	114 EAST 38TH ST.	
CITY-ST-ZIP	PATERSON NJ 07514	

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY LAUCIUS 2-21-00 (201) 825-4050
Date Daytime Phone #

CR2E034 (9/99)